

Copy 4

S/S by AIR 608-75, dtd 7 Dec 1993

Army Regulation 600-75

Personnel General

Exceptional Family Member Program

Pentagon Library (ANR-PL)
ATTN: Military Documents Section
Room 1A518, Pentagon
Washington, DC 20310-6050

Headquarters
Department of the Army
Washington, DC
5 June 1990

SUMMARY of CHANGE

AR 600-75

Exceptional Family Member Program

This revision--

- o Implements Department of Defense Directive 1342.17 and Department of Defense Instructions 1010.13, 1342.12, and 1342.14.
- o Outlines mandatory policies and procedures for the Exceptional Family Member Program.
- o Clarifies the use of appropriated funds to pay or subsidize the cost of respite care (chap 2).
- o Outlines new reporting requirements (chap 4).
- o Publishes a revised DA Form 4723-2-R and DA Form 5510-R.
- o Publishes three new forms: DA Form 5862-R (Army Exceptional Family Member Program Functional Medical Summary), DA Form 5863-R (Exceptional Family Member Program Information Sheet), and DA Form 5864-R (Exceptional Family Member Program Report).
- o Rescinds DA Form 5291-1-R, DA Form 5291-2-R, DA Form 5291-3-R, and DA Form 5291-4-R.

STOP PRESS

This page incorporates changes or gives notice of changes received too late for regular inclusion. Please note this information on appropriate pages. THIS PAGE CLOSED NOON,

1. Paragraph 1-22f is superseded as follows: Medical Treatment Facility (MTF) commanders will direct health care providers to:
(a) Screen family members (adults and children) for possible enrollment in the Exceptional Family Member Program (EFMP) during routine health care services, (b) Note on the DA Form 5571 (Master Problem List) and the SF 600 (Health Record-Chronological Record of Medical Care) at least annually that the examined or treated family member does or does not have a condition which warrants referral for EFMP evaluation and enrollment, and
(c) Note on the SF 600 that a referral has been made to the MTF EFMP point of contact when the family member is a possible EFMP enrollee.
2. The following paragraph k is added to paragraph 1-22: MTF commanders will implement family member deployment screening per paragraph 2-1b(1).
3. The following paragraph e is added to paragraph 1-25: Commanders of CONUS and OCONUS personnel service centers (PSCs) will implement family member deployment screening per paragraph 2-1b(1).
4. Paragraph 2-1b(1) is superseded as follows: Family members will be screened when the soldier is on assignment instructions to an OCONUS area for which command sponsorship/family member travel is authorized and the soldier elects to serve the accompanied tour. This applies to CONUS to OCONUS and OCONUS to OCONUS reassignments.

Family members will be screened when the soldier is at the OCONUS duty station serving an unaccompanied tour and requests command sponsorship/family member travel.

The PSC will not request command sponsorship/family member travel to the soldier's OCONUS duty station until the DA Form 5888 is completed on all family members and attached to the soldier's DA Form 4187 (Personnel Action), DA Form 4787 (Reassignment Processing), or appropriate major command form. DA Form 5888 is available through normal publications channels. This form is authorized for electronic generation. Electronically generated versions will carry the form number DA Form 5888-E, APR 90.

5. The following is added as a new appendix:

Appendix D
Instructions for Completing DA Form 5888

D-1. Part A - The PSC representative will enter and authenticate soldier/family member data in consultation with the soldier.

D-2. Part B - A physician or medical practitioner under the supervision of a physician will enter family member screening results using the following procedures:

a. The physician or medical practitioner under the supervision of a physician will screen the medical records of all family members in addition to ensuring that all family members 72 months of age or younger are seen for a complete physical examination and developmental screening.

b. Developmental screening will include at a minimum use of the Preschool Developmental Questionnaire (PDQ). If the child does not pass the PDQ, the full Denver Developmental Screening Test will be administered.

c. If no medical or developmental problems are identified, the physician or medical practitioner under the supervision of a physician will check enrollment not warranted in block 9a of DA Form 5888.

d. If a family member requires further evaluation for possible enrollment, the physician or medical practitioner under the supervision of a physician will complete DA Form 5862-R (Army Exceptional Family Member Program Functional Medical Summary). When the family member is a child, the DA Form 5291-R (Army Exceptional Family Member Program Educational Questionnaire) will be completed by personnel at the child's school. During summer months when school personnel are not available, the DA Form 5291-R will be completed by the physician or medical practitioner under the supervision of a physician and the child's parents. When this occurs, a copy of the current Individualized Education Program will be attached to the DA Form 5291-R. Upon completion of the DA Form 5862-R and the DA Form 5291-R (if needed), the physician or medical practitioner under the supervision of a physician will check either enrollment not warranted or consideration for enrollment warranted on DA Form 5888. If consideration for enrollment is warranted, the date the DA Form 5862-R and the DA Form 5291-R is sent for coding will be entered in block 9b of DA Form 5888.

e. If a family member is already enrolled in EFMP at the time of screening, the physician or medical practitioner under the supervision of a physician will indicate whether there has

been a substantial change in severity of condition and related medical care needs since enrollment. If there has been a substantial change, a new DA Form 5862-R and DA Form 5291-R (if needed) will be completed. The date the DA Form 5862-R and DA Form 5291-R is sent for coding will be noted in block 9c of DA Form 5888.

f. The physician will ensure that DA Form 5888 is properly signed and copies of the DA Form 5862-R and the DA Form 5291-R (if needed) are attached to the DA Form 5888 when enrollment is warranted or there has been a substantial change since enrollment.

COPY 2

Headquarters
Department of the Army
Washington, DC
1 October 1992

Immediate Action INTERIM CHANGE

AR 600-75
Interim Change
No. 103
Expires 1 October 1994

Personnel--General

Exceptional Family Member Program

Justification. This interim change includes policy change to implement DoD Directive 1020.1. It revises DA Form 5291-R (Army Exceptional Family Member Program Educational Summary), Jul 91 and DA Form 5862-R (Army Exceptional Family Member Program Medical Summary), Jul 91 and publishes a new DA Form 7246-R, Exceptional Family Member Program (EFMP) Screening Questionnaire.

Expiration: This interim change expires 2 years from date of publication. It will be destroyed at that time unless sooner rescinded or superseded by a permanent change or revision.

1. AR 600-75, 5 Jun 90, Exceptional Family Member Program is changed as follows:

Page 1. The following paragraph is added to the title page before the Internal control systems statement:

Proponent and exception authority. The proponent of this regulation is the Deputy Chief of Staff for Personnel (DCSPER). The DCSPER has the authority to approve exceptions to this regulation which are consistent with controlling law and regulation. The DCSPER may delegate this authority in writing to a division chief within the proponent agency in the grade of colonel or the civilian equivalent. The approval authority will coordinate all questions regarding the scope of authority to approve exceptions with HQDA, OTJAG, ATTN: DAJA-AL, Washington, D.C. 20310-2200.

Page 3. The following subparagraph h is added to paragraph 1-4.

h. DoDD 1020.1, Nondiscrimination on the Basis of Handicap in Programs and Activities Assisted or Conducted by the Department of Defense, 21 March 1982, prohibits discrimination based on handicap in programs and activities receiving federal financial assistance disbursed by the Department of Defense and

Pentagon Library (ANR-PL)
ATTN: Military Documents Section
Room 1A518, Pentagon
Washington, DC 20310-6050

in programs and activities conducted by the Department of Defense.

Page 3. The following sentence is added to paragraph 1-8c.

c. Assign soldiers to an area where these needs can be accommodated providing there is a valid personnel requirement for the soldier's grade and specialty.

Page 4. The following paragraph 1-9 is added to Section I. Ensuing paragraphs will be renumbered accordingly in the next permanent publication.

General prohibitions against discrimination.

a. No qualified handicapped person will, on the basis of handicap, be excluded from participation in, be denied the benefit of, or otherwise subjected to discrimination under EFMP (see AR 600-7).

b. Each EFMP component will make reasonable accommodation to the known physical or mental limitations of an otherwise qualified person. An exception is if the installation commander demonstrates to ASA (MRA) or designee that the accommodation would impose an undue hardship on operation of the program. Reasonable accommodation includes the following:

(1) Making facilities readily available and accessible to and usable by handicapped persons.

(2) Acquisition or modification of equipment or devices, such as TDDs or other electronic devices for impaired sensory, manual, or speaking skills.

(3) Provision of readers or sign-language interpreters.

(4) Wide dissemination of information on how handicapped persons can access services.

Page 6. The following subparagraph e is added to paragraph 1-20.

e. Ensure that reassignment processing (to include OCONUS family member deployment screening) is completed within 30 days of the EDAS cycle and officer RFO date.

Page 6. The following subparagraphs l and m are added to paragraph 1-22.

1 October 92

I03, AR 600-75

1. Ensure that family members have the same priority as active duty military for purposes of OCONUS family member deployment screening and evaluation.

m. Ensure that DA Form 7246-R, Exceptional Family Member Program (EFMP) Screening Questionnaire is completed by active duty sponsor or adult family member prior to face-to-face EFMP screening (includes OCONUS family member deployment screening and other screening determined appropriate by ODCSPER, USACFSC, and OTSG). Ensure that original questionnaire is retained in the MTF EFMP office for one year and a copy of questionnaire provided to sponsor or adult family member upon request.

Page 7. The following subparagraph e is added to paragraph 1-25.

e. Ensure that soldiers with EFMs (excluding AIT students) are deferred until notification is received from OCONUS travel approval authority about availability of EFM services.

Page 14. Paragraph 4-2b is superseded as follows:

b. Reports will be prepared annually. The report will cover the period from 1 October - 30 September.

Page 17. Add the following to Section III, Prescribed Forms:
DA Form 7246-R
Exceptional Family Member Program (EFMP) Screening Questionnaire
(Prescribed in para 1-22.)

2. Post these changes per DA Pam 310-3.

3. File this interim change in front of the publication.

(CFSC-FSA)

ARMY EXCEPTIONAL FAMILY MEMBER PROGRAM MEDICAL SUMMARY

For use of this form, see AR 600-75; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 U.S.C. 552A)

- AUTHORITY:** PL 94-142 (Education for all Handicapped Children Act of 1975); PL 95-561 (Defense Dependents' Education Act of 1978); DODI 1342.12 (Education of Handicapped Children in DODDS), 17 December 1981; DODI 1010.13 (Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DOD Dependents Schools Outside the United States), 28 August 1986, 10 USC 3013; 20 USC 921-932 and 1401 et seq.
- PRINCIPAL PURPOSE:** To obtain information needed to evaluate and document the special education and medical needs of :
(1) Family members of all soldiers and (2) Dependent children of Department of the Army civilian employees processing for an assignment to a location outside the United States where dependent travel is authorized at Government expense.
- ROUTINE USES:** (1) Information will be used by personnel of the military departments to evaluate and document the special education and medical needs of family members. This information will enable --
(a) Military assignment personnel to match the needs of family members against the availability of special education and medical services.
(b) Civilian personnel offices to determine the availability of special education and medically related services to meet the needs of dependent children of Department of the Army civilian employees.
(2) Information will be used by Army Community Service in its Exceptional Family Member Outreach program.
- DISCLOSURE:** The provision of requested information is mandatory. Failure to respond will preclude --
(1) U.S. Total Army Personnel Command, Army National Guard Personnel Center, U.S. Army Reserve Personnel Center, and Full Time Support Management Center from enrolling soldiers in the Exceptional Family Member Program (EFMP). Soldiers who knowingly refuse to enroll exceptional family members will receive, at a minimum, a general officer letter of reprimand.
(2) Civilian personnel offices from performing required EFMP aspects of overseas processing of Department of the Army civilian employees with dependent children with special needs. Department of the Army civilian employees who refuse to provide information will be denied the privilege of having their dependent children transported to the duty assignment outside the United States at Government expense. For soldiers, refusal to provide information may preclude successful processing of an application for family travel/command sponsorship.

SECTION A - RELEASE OF INFORMATION

1. I release the information on the summary and in the attached reports to personnel of the military departments for the purpose of evaluating and documenting my family member's need for special education and medical services (and for military personnel recommendations for my next assignment)

2. SIGNATURE OF SPONSOR OR SPONSOR'S SPOUSE

3. DATE SIGNED

SECTION B - SPONSOR INFORMATION (please print or type)

4. NAME (Last, First, Middle Initial)

5. MILITARY DEPARTMENT AFFILIATION (Specify if Civilian)

6. RANK OR GRADE

7. PRIMARY MOS

8. SOCIAL SECURITY NUMBER

9. HOME ADDRESS (Must be a 3-line address which includes street address or P.O. Box) (Include Zip Code)

10. HOME PHONE (Include Area Code)

11. DUTY ADDRESS (Must be a 3-line address which includes street address or P.O. Box) (Include Zip Code)

12. DUTY PHONE (Include Area Code)

13. PROJECTED LOCATION OF NEXT ASSIGNMENT (If known)

14. PROJECTED DATE OF NEXT ASSIGNMENT

SECTION C - FAMILY MEMBER INFORMATION (please print or type)

15. NAME (Last, First, Middle Initial)

16. SEX

17. DATE OF BIRTH

18. FAMILY MEMBER PREFIX

SECTION D - MEDICAL SUMMARY

(To be completed only by a physician or other designated medical practitioner)

MEDICAL PRACTITIONER - Please fill out this form as completely and as accurately as possible. Utilize ICD-9-CM or DSM III, if possible. List additional diagnoses and problems under "e" Explanation below.

19. DIAGNOSES AND CARE FREQUENCY

a. CURRENT ACTIVE DIAGNOSES	b. ICD-9/DSM III	c. SEVERITY A - Mild B - Moderate C - Severe	d. FREQUENCY OF CARE (insert appropriate letter)	
			A - None C - Every 3-4 months E - Weekly B - Every 6-12 months D - Monthly	
			(1) Inpatient Care	(2) Outpatient Care

e. Explanation of diagnoses that are not described exactly as the ICD-9 or DSM III diagnosis

20. CARE PROVIDERS (In column a, X the current medical providers essential for care of the patient and use the following codes to indicate frequency in column b.) A - None B - Every 6-12 months C - Every 3-4 months D - Monthly E - Weekly

a	CODE	TYPE	b	FREQUENCY	a	CODE	TYPE	b	FREQUENCY
	C01	Allergist				C28	Obstetrician		
	C02	Cardiologist, General				C29	Orthodontist		
	C03	Cardiologist, Pediatric				C30	Pediatrician		
	C04	Dentist				C31	Pedodontist		
	C05	Dermatologist				C32	Physiatrist		
	C06	Developmental Pediatrician				C33	Pulmonologist		
	C07	Dietary/Nutrition Specialist				C34	Podiatrist		
	C08	Endocrinologist, General				C35	Psychiatrist, General		
	C09	Endocrinologist, Pediatric				C36	Psychiatrist, Child		
	C10	Family Practitioner				C37	Psychologist, Clinical		
	C11	Gastroenterologist, General				C38	Psychologist, Clinical w /Child Experience		
	C12	Gastroenterologist, Pediatric				C39	Rheumatologist, General		
	C13	General Medical Officer				C40	Rheumatologist, Pediatric		
	C14	Geneticist				C41	Transplant Team		
	C15	Gynecologist				C42	Surgeon, Cardio-thoracic		
	C16	Hemodialysis Team				C43	Surgeon, General		
	C17	Hematologist/Oncologist, General				C44	Surgeon, Neuro		
	C18	Hematologist/Oncologist, Pediatric				C45	Surgeon, Oral		
	C19	Immunologist				C46	Surgeon, Otorhinolaryngologist		
	C20	Internist				C47	Surgeon, Orthopedic, General		
	C21	Nephrologist, General				C48	Surgeon, Orthopedic, Pediatric		
	C22	Nephrologist, Pediatric				C49	Surgeon, Pediatric		
	C23	Neurologist, General				C50	Surgeon, Plastic		
	C24	Neurologist, Pediatric				C51	Urologist		
	C25	Nuclear Medicine Physician				C99	Other (Specify)		
	C26	Ophthalmologist, General							
	C27	Ophthalmologist, Pediatric							

21. ARTIFICIAL OPENINGS/SHUNTS (X all that apply)

CODE	TYPE		
F01	Gastrostomy	F05	Colostomy
F02	Tracheostomy	F06	Ileostomy
F03	CSF Shunt	F99	Other (Specify)
F04	Cystostomy	NONE	

22. SERVICES REQUIRED (X all that apply)

CODE	TYPE		
J01	Cognitive Enrichment Program	J10	Audiology Services
J02	Program for Visually Impaired	J11	High Risk Newborn Follow-up Services
J03	Social Work Services	J20	Standard Therapy for Speech/Language Impairments
J04	Occupational Therapy	J21	Therapy for Hearing Impaired (Includes signing)
J05	Community Health Nurse Svcs	J22	Total Communication Therapy (Includes signing for hearing persons)
J06	Program for Oral Motor RX	J23	Augmentative Speech Therapy (Uses Communication Devices)
J07	Apnea Monitor Home Program	J24	Alaryngeal Speech Therapy (Rehabilitation after laryngeal surgery)
J08	Physical Therapy	J99	Other (Specify)
J09	Community Mental Health Services		

23. ADAPTIVE EQUIPMENT NEEDS (X all that apply)

CODE	TYPE		
L01	Ambulatory Aids	L08	Wheelchair (Manual)
L02	Communication Aids	L09	Cardiac Pacemaker
L03	Apnea Monitor	L10	Wheelchair (Electric)
L04	Hearing Aids/Auditory Trainer	L11	Augmentative Speech Aids
L05	Artificial Limbs	L12	Home Oxygen Therapy
L06	Respiratory Aids	L99	Other (Specify)
L07	Braces/Splints		

24. ARCHITECTURAL CONSIDERATIONS (X if applicable)

☐ Limited Steps ☐ Complete Wheelchair Accessibility

25. MEDICATIONS (List all medications required by the patient on a routine basis, including chemotherapy, radiation therapy, psychotropics and blood products)

26. Has this patient had cancer or leukemia in the past?

☐ YES ☐ NO

If yes, this patient has been disease-free for _____ years and has a _____ % chance of remaining disease-free

The above statement should be completed only by a physician knowledgeable about the disease and its prognosis

27. TREATMENT PLANNED (Describe treatment or surgery planned or likely within the next three years, including expected duration. List any other problems or family circumstances that should be considered in the assignment of the sponsor.)

28. HAS THERE BEEN INTENSIVE PSYCHIATRIC CARE WITHIN THE LAST 5 YEARS (If yes, explain inpatient and/or outpatient care with emphasis on clinical course, compliance, prognosis and participation of family members in treatment)

☐ YES ☐ NO

SECTION E - ACKNOWLEDGEMENTS

29. PATIENT OR SPONSOR. THE ABOVE MEDICAL INFORMATION HAS BEEN REVIEWED AND FOUND TO BE ACCURATE AND COMPLETE

a. SIGNATURE

b. DATE SIGNED

30. MEDICAL PRACTITIONER

a. TYPED OR PRINTED NAME OF MEDICAL PRACTITIONER COMPLETING THE DA FORM 5862-R

b. TELEPHONE NUMBER (include Area Code)

c. ADDRESS OF MEDICAL PRACTITIONER (include ZIP Code)

COMMERCIAL

DSN

d. SIGNATURE OF MEDICAL PRACTITIONER

e. DATE SIGNED

f. PHYSICIAN'S AUTHENTICATION (to be signed when a medical practitioner other than a physician completes the DA Form 5862-R)

g. TYPED OR PRINTED NAME OF PHYSICIAN

h. RANK OF PHYSICIAN (typed or printed)

i. GRADE OF PHYSICIAN (typed or printed)

j. TITLE OF PHYSICIAN

k. SIGNATURE OF PHYSICIAN

l. DATE SIGNED

31. FOR USE BY MEDICAL COMMAND AND ASSIGNMENT PERSONNEL ONLY

ARMY EXCEPTIONAL FAMILY MEMBER PROGRAM EDUCATIONAL SUMMARY

For use of this form, see: AR 600-75, the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 U.S.C. 552A)

AUTHORITY: PL 94-142 (Education for all Handicapped Children Act of 1975); PL 95-561 (Defense Dependents' Education Act of 1978); DODI 1342.12 (Education of Handicapped Children in DODDS), 17 December 1981; DODI 1010.13 (Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DOD Dependents' Schools Outside the United States), 28 August 1986, 10 USC 3013; 20 USC 921-932 and 1401 et seq.

PRINCIPAL PURPOSE: To obtain information needed to evaluate and document the special education and medical needs of:
(1) Family members of all soldiers and (2) Dependent children of Department of the Army civilian employees processing for an assignment to a location outside the United States where dependent travel is authorized at Government expense.

ROUTINE USES:
(1) Information will be used by personnel of the military departments to evaluate and document the special education and medical needs of family members. This information will enable --
(a) Military assignment personnel to match the needs of family members against the availability of special education and medical services
(b) Civilian personnel offices to determine the availability of special education and medically related services to meet the needs of dependent children of Department of the Army civilian employees.
(2) Information will be used by Army Community Service in its Exceptional Family Member Outreach program.

DISCLOSURE: The provision of requested information is mandatory. Failure to respond will preclude --
(1) U.S. Total Army Personnel Command, Army National Guard Personnel Center, U.S. Army Reserve Personnel Center, and Full Time Support Management Center from enrolling soldiers in the Exceptional Family Member Program (EFMP). Soldiers who knowingly refuse to enroll exceptional family members will receive, at a minimum, a general officer letter of reprimand.
(2) Civilian personnel offices from performing required EFMP aspects of overseas processing of Department of the Army civilian employees with dependent children with special needs. Department of the Army civilian employees who refuse to provide information will be denied the privilege of having their dependent children transported to the duty assignment outside the United States at Government expense. For soldiers, refusal to provide information may preclude successful processing of an application for family travel/command sponsorship.

SECTION A - RELEASE OF INFORMATION

1. I release the information on the summary and in the attached reports to personnel of the military departments for the purpose of evaluating and documenting my family member's need for special education and medical services (and for military personnel recommendations for my next assignment).

2. SIGNATURE OF SPONSOR OR SPONSOR'S SPOUSE

3. DATE SIGNED

SECTION B - SPONSOR INFORMATION (please print or type)

4. NAME (Last, First, Middle Initial)

5. MILITARY DEPARTMENT AFFILIATION (Specify if Civilian)

6. RANK OR GRADE

7. PRIMARY MOS

8. SOCIAL SECURITY NUMBER

9. HOME ADDRESS (Must be a 3-line address which includes street address or P.O. Box) (Include Zip Code)

10. HOME PHONE (Include Area Code)

11. DUTY ADDRESS (Must be a 3-line address which includes street address or P.O. Box) (Include Zip Code)

12. DUTY PHONE (Include Area Code)

13. PROJECTED LOCATION OF NEXT ASSIGNMENT (if known)

14. PROJECTED DATE OF NEXT ASSIGNMENT

SECTION C - FAMILY MEMBER INFORMATION (please print or type)

15. NAME (Last, First, Middle Initial)

16. SEX

17. DATE OF BIRTH

18. FAMILY MEMBER PREFIX

SECTION D - EDUCATIONAL SUMMARY

TO BE COMPLETED BY SCHOOL PERSONNEL. This information is used by the Department of Defense in selecting a duty station, including overseas locations, for this student's military sponsor. Please provide complete and accurate information.

19. IS THIS STUDENT ELIGIBLE FOR SPECIAL EDUCATION AS DESCRIBED IN PL 94-142 OR PL 99-457 (X one)

NO	a. If "NO," do not complete the remainder of this form. Sign in block at right and return form to sponsor.	SIGNATURE	DATE
YES	b. If "YES", complete and sign items 19b thru 30h.	SIGNATURE	DATE

20. UNDER WHAT CRITERIA IS STUDENT ELIGIBLE FOR SPECIAL EDUCATION? (X all that apply) (NOTE: Special education programs for children under the age of 5 years are not available in all overseas locations.)

a. PL 94-142 or TITLE II PL 99-457

(x)	CODE		(x)	CODE		(x)	CODE	
	N07	Autistic		N04	Mentally Retarded		N08	Orthopedically Impaired
	N02	Blind			Mild to moderate		N06	Other Health Impaired
	N11	Visually Impaired			Moderate to severe (trainable)		N10	Seriously Emotionally Disturbed
	N01	Deaf			Severe to profound		N12	Specific Learning Disability
	N03	Hearing Impaired		N05	Multi-handicapped		N09	Speech Impaired

b. TITLE I (Part H) PL 99-457

N13	Developmental Delay	N14	At Risk For Developmental Delay
-----	---------------------	-----	---------------------------------

c. If student is enrolled in DODDS, under which criteria are they qualified for special education

☐ Criterion A ☐ Criterion B ☐ Criterion C ☐ Criterion D

21. PRESENT LEVEL OF PERFORMANCE (X appropriate column to indicate student's present performance level in each area)

CODE		(1) No Data	(2) Normal	(3) Mild Delay	(4) Moderate Delay	(5) Severe Delay
Q01	a. Self-Help					
Q02	b. Gross Motor					
Q03	c. Fine Motor					
Q04	d. Social					
Q05	e. Cognitive					
Q06	f. Expressive Language					
Q07	g. Receptive Language					

h. Reading Level (Grade)

i. Math Level (Grade)

22. SERVICES REQUIRED AND LISTED ON IEP (X and complete, as applicable, for services currently received)

CODE		(X)	(1) Duration of Contract (Minutes)	(2) Frequency of Contract (Weekly or Monthly)	(3) Type of Service		
					Monitoring	Consult	Direct
S01	a. Audiology						
S02	b. Counseling						
S03	c. Occupational Therapy						
S04	d. Psychological Services						
S05	e. Physical Therapy						
S06	f. Therapeutic Recreation						
S07	g. School Health Services						
S08	h. Social Work Services						
S09	i. Speech Therapy						

j. Special Transportation

☐ (1) Wheelchair

☐ (2) School Bus Attendant

23. Does student require wheelchair accessibility in school building?

☐ YES ☐ NO

24. Percentage of student's time spent in special education classes or resource room: %

25. Does student require residential treatment in order to benefit from educational program? (If yes, describe treatment program required)

☐ YES ☐ NO

26. Is Student Receiving Adaptive Physical Education?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
27. Is Student Receiving Recreational Education?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
28. Other Comments (Describe classroom placement if in special education.)		

SECTION E - ACKNOWLEDGEMENTS

29. SPONSOR		
a. SIGNATURE	b. DATE SIGNED	
30. SCHOOL PERSONNEL		
a. TYPED OR PRINTED NAME (Last, First, Middle Initial)	b. TITLE	c. TELEPHONE (include area code)
d. NAME OF SCHOOL	e. ADDRESS (include Zip Code)	f. SCHOOL DISTRICT
g. SIGNATURE	h. TELEPHONE (include area code)	
31. FOR USE BY MEDICAL COMMAND AND ASSIGNMENT PERSONNEL ONLY		

**EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP)
SCREENING QUESTIONNAIRE**

For use of this form, see AR 600-75, the proponent agency is ODCSPER

NAME OF MEDICAL TREATMENT FACILITY

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: PL 94-142 (*Education for All Handicapped Children Act of 1975*); PL 95-561 (*Defense Dependents' Education Act of 1978*); DODI 1342-12 (*Education of Handicapped Children in DODDS*), 17 Dec 81; DODI 1010.13 (*Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DOD Dependents Schools Outside the United States*), 28 August 1986, 10 USC 3013; 20 USC 921-932 and 1401 *et seq.*

PRINCIPAL PURPOSE: To obtain information needed to evaluate and document the special education and medical needs of family members. This will permit consideration of special education and medical needs of family members in the personnel assignment process.

ROUTINE USES: Information will be used by personnel of the Military Departments to evaluate and document special education and medical needs of family members for consideration in personnel assignments.

DISCLOSURE: The provision of requested information is mandatory. Failure to respond will preclude U.S. Total Personnel Command from enrolling soldiers in the EFMP. Soldiers who knowingly refuse to enroll exceptional family members will receive, at a minimum, a general officer letter of reprimand. Refusal to provide information may preclude successful processing of an application for family travel/command sponsorship.

SERVICE MEMBER'S NAME/RANK		SOCIAL SECURITY NUMBER		DATE	
BRANCH		UNIT		DUTY PHONE	
PROJECTED PCS ASSIGNMENT		DSN		HOME PHONE	
PROJECTED PCS DATE		HOME ADDRESS		DUTY ADDRESS	
LIST ALL FAMILY MEMBERS		FAMILY MEMBER PREFIX	SEX	DATE OF BIRTH	CHECK IF ENROLLED IN EFMP

PLEASE ANSWER ALL QUESTIONS - FOR FAMILY MEMBERS ONLY**MEDICAL**

1. Do any family members, excluding service member, have any medical records (*civilian or military*) other than the records you have provided us to screen? If yes, please list conditions/services received and address of provider.

YES ☐ NO ☐

FAMILY MEMBER	CONDITIONS/SERVICES	NAME/ADDRESS OF PROVIDER

2. In the past five (5) years, have any members of your family, excluding service member, been hospitalized, excluding hospitalization for normal uncomplicated childbirth? If yes, please explain.

YES ☐ NO ☐

NAME	REASON

3. Are any members of your family, excluding service member, currently receiving medical (*includes mental health*) or educational services from any providers other than a general practitioner or family practice physician?

YES ☐ NO ☐

4. Are any family members, excluding service member, taking any prescribed medication other than birth control pills on a regular basis? YES ☐ NO ☐

NAME	PRESCRIBED MEDICATION

5. In the past five (5) years, have any members of your family, excluding service member, been treated for, or had any problems related to any of the following? (You will have an opportunity to discuss all "YES" answers with a screener.)

a. Problems with sight (other than corrected by glasses)	YES <input type="checkbox"/> NO <input type="checkbox"/>	g. Asthma (2 years) allergies or other respiratory problems	YES <input type="checkbox"/> NO <input type="checkbox"/>
b. Problems with hearing	<input type="checkbox"/>	h. Cerebral Palsy	<input type="checkbox"/>
c. Heart condition	<input type="checkbox"/>	i. Delayed Speech	<input type="checkbox"/>
d. Seizure disorder	<input type="checkbox"/>	j. Sickle Cell Trait/Disease	<input type="checkbox"/>
e. Loss of mobility (requiring use of a wheelchair/walker or aid in mobility)	<input type="checkbox"/>	k. Cancer	<input type="checkbox"/>
f. Diabetes	<input type="checkbox"/>	l. Other, if yes, explain	<input type="checkbox"/>
		m. High blood pressure	<input type="checkbox"/>

MENTAL HEALTH:

6. In the past five (5) years, have any members of your family, excluding service member, been treated for, or had any problems related to any of the following? (You will have an opportunity to discuss all "YES" answers with a screener.)

a. Referral to, diagnosed by, or therapy with a Psychiatrist, Psychologist, or Social Worker in reference to a mental health problem.	YES <input type="checkbox"/> NO <input type="checkbox"/>	d. Alcohol and drug use or abuse	YES <input type="checkbox"/> NO <input type="checkbox"/>
b. Depression	<input type="checkbox"/>	e. Emotional problems	<input type="checkbox"/>
c. Suicidal thoughts/ideas, gestures, attempts	<input type="checkbox"/>	f. Behavioral problems/acting out behavior	<input type="checkbox"/>
		g. Received therapy (marital, family, individual or group counseling)	<input type="checkbox"/>

7. Have any members of your family, excluding service member, been in any of the following? Inpatient Psychiatric Facility, Residential Treatment Center, Group Homes, Day Treatment Centers, Drug and Alcohol Treatment Rehabilitation Center. If Yes, please explain: YES ☐ NO ☐

EDUCATION

8. Do any of your children now have, or have they ever had, any of the following?

a. Slow development (Infants and preschoolers)	YES <input type="checkbox"/> NO <input type="checkbox"/>	d. Counseling services for school-related problems	YES <input type="checkbox"/> NO <input type="checkbox"/>
b. Learning problems (school)	<input type="checkbox"/>	e. Mental retardation	<input type="checkbox"/>
c. Special services (i.e., OT, PT, Speech, etc.) for special education	<input type="checkbox"/>		

9. Are any of your children receiving Special Education help in school (not in regular class placement and on an Individual Education Plan (IEP))? If yes, who? YES ☐ NO ☐

According to AR 600-75, Exceptional Family Member Program, soldiers will provide accurate information as required when requested to do so by Army officials. Knowingly providing false information in this regard may be the basis for disciplinary or administrative action. For soldiers, refusal to provide information may preclude successful processing of an application for family travel or command sponsorship.

Commanders will take appropriate action against soldiers who knowingly provide false information, or who knowingly fail or refuse to enroll family members that meet the criteria for enrollment. (A false official statement is a violation of Article 107, Uniform Code of Military Justice (UCMJ)). These actions will include, at a minimum, a general officer letter of reprimand.

All the above information is true and correct to the best of my knowledge. I understand that it is my responsibility to provide any information about changes in medical or educational status for all members of my family, after the date indicated below, and prior to PCS move.

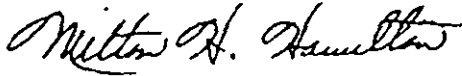
PRINTED NAME OF MILITARY SPONSOR OR SPOUSE COMPLETING THIS FORM	SIGNATURE OF MILITARY SPONSOR OR SPOUSE COMPLETING THIS FORM	DATE
PRINTED NAME OF PHYSICIAN OR MEDICAL PRACTITIONER IF UNDER THE SUPERVISION OF A PHYSICIAN	SIGNATURE OF PHYSICIAN OR MEDICAL PRACTITIONER IF UNDER THE SUPERVISION OF A PHYSICIAN	DATE

1 October 92

By Order of the Secretary of the Army:

GORDON R. SULLIVAN
General, United States Army
Chief of Staff

Official:



MILTON H. HAMILTON
Administrative Assistant to the
Secretary of the Army

Distribution:

Distribution of this publication is made in accordance with the requirements on DA Form 12-09-E, block number 2216, intended for Active Army, National Guard and the U.S. Army Reserve.

Pin: 059746-903

Headquarters
Department of the Army
Washington, D.C.
30 August 1991

Immediate Action INTERIM CHANGE

AR 600-75
Interim Change
No. 102
Expires 30 August 1993

Personnel General

Exceptional Family Member Program

Justification. This interim change revises DA Form 4723-2-R, Feb 90, to comply with Public Law 99-500, The Paperwork Reduction Reauthorization Act of 1986.

Expiration: This interim change expires 2 years from date of publication. It will be destroyed at that time unless sooner rescinded or superseded by a permanent change or revision.

1. AR 600-75, 5 Jun 90, is changed as follows:

Page 23. Replace Feb 90 edition of DA Form 4723-2-R.

2. Post this change per DA PAM 310-13.

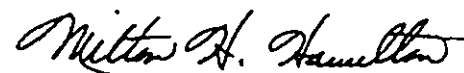
3. File this interim change in front of the publication.

(CFSC-FSA)

By Order of the Secretary of the Army:

GORDON R. SULLIVAN
General, United States Army
Chief of Staff

Official:



MILTON H. HAMILTON
Administrative Assistant to the
Secretary of the Army

Pentagon Library (MLR-PL)
ATTN: Military Information Section
Room 1A512, 1st Floor
Washington, DC 20315-6000

DISTRIBUTION: Distribution of this publication is made in accordance with the requirements on DA Form 12-09-E, block number 2216, intended for command level C for the Active Army, D for the Army National Guard, and C for the United States Army Reserve.

HEALTH-RELATED SURVEY-INDIVIDUAL FACILITY REPORT

For use of this form, see AR 800-75, the proponent agency is ODCSPER

OMB APPROVED
NO. 0704-0175
EXPIRATION DATE
31 MAY 1994

Public reporting burden for this collection of information is estimated to average one hour per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0175), Washington, DC 20503. Please DO NOT RETURN YOUR (form/questionnaire) to either of these addresses. Send your completed (form/questionnaire) to the Army installation requesting the information.

NOTE This form will be completed by each individual facility. Use typewriter or print legibly in ink.

SECTION A- GENERAL INFORMATION

1 NAME OF FACILITY	2 CHIEF ADMINISTRATOR	
3 ADDRESS (Must be a 3-line address which includes street address or P O Box) (Include Zip Code)		
4 BUSINESS TELEPHONE	5 SERVICE HOURS	6 APPROXIMATE MILES FROM INSTALLATION
7 Type of Ownership (Indicate the category which best describes the legal ownership of this facility) (Check one box only)		
<input type="checkbox"/> Private - For profit		
<input type="checkbox"/> Private - Not for profit		
<input type="checkbox"/> Local Government		
<input type="checkbox"/> State Government		
<input type="checkbox"/> Federal Government		
<input type="checkbox"/> Other (Specify)		
8 Accessibility (Transportation) (Check all that applies and fill in blanks)		
<input type="checkbox"/> On Bus Line		
<input type="checkbox"/> Not on bus line, distance to bus line is () blocks		
<input type="checkbox"/> Parking Available () miles		
<input type="checkbox"/> Parking Fee (\$)		
<input type="checkbox"/> Taxi Stand At Facility		
<input type="checkbox"/> Facility operates own transportation system		
9 Wheel chair access (check all that applies)		
<input type="checkbox"/> Building		
<input type="checkbox"/> Restrooms		
10 Fee for Service (Check all that applies)		
<input type="checkbox"/> Full Fee		
<input type="checkbox"/> No Fee		
<input type="checkbox"/> Sliding Scale		
<input type="checkbox"/> Advance Pay		
<input type="checkbox"/> Medicaid		
<input type="checkbox"/> CHAMPUS		
<input type="checkbox"/> Private health insurance		
<input type="checkbox"/> Other		

SECTION B - HEALTH-RELATED SERVICE ASSISTANCE CAPABILITY

11. Indicate whether or not your facility anticipates vacancies during the next year for new patients in the category applicable to the specified age groups. If vacancies are anticipated, indicate average wait for appointment in weeks in "Yes" column.

Category	Children (0-12 years)		Adolescents (13-18 years)		Adults (over 18)	
	YES	NO	YES	NO	YES	NO
Cognitive enrichment program (A program which helps children learn to think and solve problems usually includes a language component)						
Program for visually impaired						
Social work services						
Occupational therapy						
Community health nurse services						
Program for oral motor therapy						
Apnea monitor home program						
Physical therapy						
Community mental health services						
Audiology services						
High risk newborn follow-up services						
Standard therapy for speech and language impairments						
Therapy for hearing impaired (includes signing)						
Total communication therapy (includes signing for hearing persons)						
Augmentative speech therapy (uses communication devices)						
Laryngeal speech therapy (rehabilitation after laryngeal surgery)						

SECTION C - ADAPTIVE EQUIPMENT CAPABILITY

12. Indicate whether or not your facility provides adaptive equipment shown below.

Category	YES	NO
Ambulatory Aids		
Communication Aids		
Apnea monitor		
Hearing Aids/Auditory Trainer		
Artificial Limbs		
Respiratory Aids		
Braces/Splints		
Wheelchair (manual)		
Cardiac Pacemaker		
Wheelchair (electric)		
Augmentative Speech Aids		

SECTION D - ARTIFICIAL OPENINGS/SHUNTS CAPABILITY

13. Indicate whether or not your facility provides management and/or supplies for artificial openings/shunts shown below.

Category	YES	NO
Gastrostomy		
Tracheostomy		
CSF Shunt		
Cystostomy		
Colostomy		
Ileostomy		

SECTION E- MEDICAL PRACTITIONER CAPABILITY

14. Indicate the capability of your facility to provide medical practitioners in the categories shown below.

Category	YES	NO
Allergist		
Cardiologist, General		
Cardiologist, Pediatric		
Dentist		
Dermatologist		
Developmental Pediatrician		
Dietary/Nutrition Specialist		
Endocrinologist, General		
Endocrinologist, Pediatric		
Family Practitioner		
Gastroenterologist, General		
Gastroenterologist, Pediatric		
General Medical Officer		
Geneticist		
Gynecologist		
Hemodialysis Team		
Hematologist/Oncologist, General		
Hematologist/Oncologist, Pediatric		
Immunologist		
Internist		
Nephrologist, General		
Nephrologist, Pediatric		
Neurologist, General		
Neurologist, Pediatric		
Nuclear Medicine Physician		
Ophthalmologist, General		
Ophthalmologist, Pediatric		
Obstetrician		
Orthodontist		
Pediatrician		
Pedodontist		
Physiatrist		
Pulmonologist		
Podiatrist		
Psychiatrist, General		
Psychiatrist, Child		
Psychologist, Clinical		
Psychologist, Clinical with Child Experience		
Rheumatologist, General		
Rheumatologist, Pediatric		

SECTION E- MEDICAL PRACTITIONER CAPABILITY (CONT'D)

14. Indicate the capability of your facility to provide medical practitioners in the categories shown below.

Category	YES	NO
Transplant Team		
Surgeon, Cardio-thoracic		
Surgeon, General		
Surgeon, Neuro		
Surgeon, Oral		
Surgeon, Otorhinolaryngologist		
Surgeon, Orthopedic, General		
Surgeon, Orthopedic, Pediatric		
Surgeon, Pediatric		
Surgeon, Plastic		
Urologist		

TYPED NAME OF INDIVIDUAL COMPLETING REPORT

SIGNATURE

TELEPHONE NO. (Commercial/DSN)

Headquarters
Department of the Army
Washington, DC
19 July 1991

Immediate Action INTERIM CHANGE

AR 600-75
Interim Change
No. 101
Expires 19 July 1993

Personnel--General Exceptional Family Member Program

Justification. This interim change includes policy and procedural changes to implement DoD Instructions 1010.13 and 1342.12. It revises DA Form 5291-R, Feb 90 and DA Form 5862-R, Feb 90 and rescinds DA Form 5288, Sep 84, DA Form 5510-R, Feb 90 and DA Form 5343, Sep 84.

Expiration: This interim change expires 2 years from date of publication. It will be destroyed at that time unless sooner rescinded or superseded by a permanent change or revision.

1. AR 600-75, 5 Jun 90, is changed as follows:

Page 1. Contents is changed as follows:

Commander, U.S. Army Reserve Personnel Center is replaced with Chief, Army Reserve . 1-14

Page 3. Paragraph 1-6a(2) is superseded as follows:

Members of the U.S. Army Reserve who are serving on continuous active duty for 30 or more days (other than for training).

Page 3. Paragraph 1-8c is superseded as follows:

c. To consider the medical needs of the EFM during the CONUS and OCONUS assignment process. To consider the special education needs of the EFM during the OCONUS assignment process (excludes Alaska and Hawaii).

Page 4. Paragraph 1-10k is superseded as follows:

k. Establish and chair a multidisciplinary HQDA EFMP committee. Members will include, at a minimum, representatives from Army Community Service (ACS), Directorate of Civilian Personnel, Child Development Services (CDS), the Office of the

19 July 1991

Surgeon General (OTSG), PERSCOM, the Office of the Chief of Engineers, the National Guard Bureau (NGB), and the Office of the Chief of Army Reserve. This committee will advise USACFSC on EFMP issues.

Page 4. Paragraph 1-11d is superseded as follows:

d. Provide technical approval and draft changes to DA Form 5862-R (Army Exceptional Family Member Program Medical Summary) and DA Form 5291-R (Army Exceptional Family Member Program Educational Summary).

Page 5. Paragraph 1-12 is superseded as follows:

TJAG and the CCH assignment authorities will maintain and use computer hard copy print-out of Exceptional Family Member Program Summary provided by PERSCOM in assignment considerations for officer personnel under their control.

Page 5. Paragraphs 1-13a, b, c and f are superseded as follows:

a. Implement and maintain an automated system for assessing the needs of EFMs in the military personnel assignment process.

b. Coordinate with OCONUS travel approval authorities to determine availability of services for the soldier's EFM. (See para 3-2.)

c. Coordinate with CONUS ACS EFMP points of contact to determine availability of services for the soldier's EFM. (See para 3-2.)

f. Recommend and draft changes to Exceptional Family Member Program Summary.

Page 5. Paragraph 1-14a is superseded as follows:

1-14. Chief, Army Reserve
The Chief, Army Reserve will--

a. Develop and ensure implementation of a system for the following:

- (1) Enrolling all eligible members of the USAR.
- (2) Providing statistical reports as required.

Page 5. Paragraph 1-15a(2) is deleted.

Page 6. Paragraph 1-17t is deleted.

19 July 1991

I01, AR 600-75

Page 6. Second sentence in paragraph 1-18b is superseded as follows: The coordinator will be a person in ACS.

Page 6. Paragraph 1-20a is superseded as follows:

a. Have overall responsibility for the EFMP per AR 5-3. They will ensure that EFMP component needs are identified and budgeted for through the appropriate process. The installation proponent will be the Director of Personnel and Community Activities (DPCA) who will designate an EFMP coordinator to coordinate all components of the EFMP (ACS, MTF, PSC, CPO, Directorate of Engineering and Housing (DEH), staff judge advocate (SJA), CDS, and schools) at the installation level. The coordinator will be a person in ACS.

Page 6. Sixth sentence of paragraph 1-21a is superseded as follows:

Members will include, at a minimum, representatives from ACS, MTF, PSC, CPO, DEH, SJA, CDS, and schools.

Page 6. The following subparagraph g is added to paragraph 1-21.

g. Serve as member of the CDS Special Needs Resource Team. Coordinate care for children with the team as part of the individualized family service or education plan.

Page 6. Paragraph 1-22i is deleted.

Page 6. The following subparagraph k is added to paragraph 1-22.

k. Make a referral to the installation EFMP coordinator when family member is enrolled or warrants enrollment into the program. A referral will include face sheet information on the DA Form 5862-R and DA Form 5291-R.

Page 7. Paragraph 1-24b. is superseded as follows:

b. Ensure that eligible EFMs are coded and Exceptional Family Member Program Summary is forwarded for enrollment per paragraph 3-1a(1).

Page 7. Paragraph 1-25b is superseded as follows:

b. Refer soldiers with known or suspected EFMs to installation EFMP coordinators for assessment. Provide rosters of referred soldiers to installation EFMP coordinators.

Page 7. The following paragraph 1-30 is added.

19 July 1991

1-30. Child Development Service (CDS) coordinators
CDS coordinators will--

a. Ensure cooperation between CDS systems and the installation EFMP technical components (e.g., installation EFMP coordinator and AMEDD EFMP staff).

b. Outline requests for technical assistance prior to delivery of services for special needs children.

c. Provide a representative to the installation EFMP committee.

Page 9. Paragraph 2-5a (4) and (5) are deleted.

Page 10. First two sentences of paragraph 2-5 d(3) are superseded as follows:

Dependable, caring adults, motivated by a desire to serve handicapped family members will be recruited from the community. They must have background clearances and be screened, trained, and certified by ACS.

Page 13. Paragraph 3-1a(1)(c) is superseded as follows:

(c) The EFMP medical coding teams (composed of at least two members from the following specialties--pediatrics, speech, mental health, and occupational or physical therapy) will have the following functions:

1. Coding the medical and educational needs of the family member using the automated EFMP program.

2. Forwarding the DA Form 209 and automated Exceptional Family Member Program Summary for Active Army EFMs to the Commander, U.S. Total Army Personnel Command, ATTN: TAPC-EPO-E, Alexandria, VA 22331-0451 for EFMP enrollment within ten working days of receiving DA Form 5862-R and DA Form 5291-R from the MTF.

3. Forwarding DA Form 209 and computer hard copy print-out of Exceptional Family Member Program Summary for National Guard EFMs to Commander, Army National Guard Personnel Center, ATTN: NGB-ARP-CT, 4501 Ford Avenue, Alexandria, VA 22302-5125.

4. Forwarding DA Form 209 and computer hard copy print-out of Exceptional Family Member Program Summary for AGR Reservist EFMs to Commander, Full Time Support Management Center, ATTN: DARP-AR, P.O. Box 46906, St. Louis, MO 63146.

19 July 1991

I01, AR 600-75

5. Forwarding DA Form 209 and computer hard copy print-out of Exceptional Family Member Program Summary for other eligible Reservist EFMs to Commander, U.S. Army Reserve Personnel Center, ATTN: DARP-PAS, 9700 Page Boulevard, St. Louis, MO 63132-5200.

6. Forwarding computer hard copy print-out of Exceptional Family Member Program Summary to the EFMP point of contact who enrolled the family within ten working days of receiving DA Form 5862-R and DA Form 5291-R.

Page 13. Paragraph 3-1a(1)(d) is superseded as follows:

(d) The EFMP point of contact will transmit computer hard copy print-out of Exceptional Family Member Program Summary to the outpatient treatment records section for filing beneath SF 601 on the left side of the outpatient treatment record of the EFM. If the soldier and/or spouse wishes, the EFMP point of contact will assist in making an appointment with a physician (or a medical practitioner under the supervision of a physician) to explain the computer hard copy print-out of the Exceptional Family Member Program Summary.

Page 13. Replace DA Form 5510-R with computer hard copy print-out of Exceptional Family Member Program Summary in paragraph 3-1a(2).

Page 13. Paragraph 3-1a(2)(a) is superseded as follows:

(a) If changes are not warranted, a physician will so annotate the outpatient treatment record. A memorandum will be sent simultaneously from the MEDDAC to the EFMP medical coding team where it will be endorsed and forwarded as follows:

1. Active Army - U.S. Total Army Personnel Command,
ATTN: TAPC-EP0-E, Alexandria, VA 22331-0451.

2. National Guard - Commander, Army National Guard
Personnel Center, ATTN: NGB-ARP-CT, 4501 Ford Avenue,
Alexandria, VA 22302-5125.

3. AGR Reservists - Commander, Full Time Support
Management Center, ATTN: DARP-AR, P.O. Box 46906, St. Louis, MO
63146.

4. Other eligible Reservists - Commander, U.S. Army
Reserve Personnel Center, 9700 Page Boulevard, St. Louis, MO
63132-5200.

19 July 1991

Both the memorandum and endorsement will be signed by a physician. A copy of the memorandum and endorsement will be sent from the EFMP medical coding team to the originating MTF EFMP point of contact.

Page 13. Second sentence of paragraph 3-1a(2)(c) is superseded as follows: After the review, the EFMP medical coding team will forward a memorandum under the signature of a physician to the appropriate address in paragraph 3-1a(2)(a) recommending termination of enrollment. A copy of the memorandum will be sent from the EFMP medical coding team to the originating MTF EFMP point of contact.

Page 13. Paragraph 3-1a(2)(d) is superseded as follows:

(d) In the case of death, a memorandum (with a copy of the death certificate) requesting termination of enrollment will be forwarded from the MEDDAC to the EFMP medical coding team where it will be endorsed and forwarded to the appropriate address in paragraph 3-1a(2)(a). Both the memorandum and endorsement will be signed by a physician. When termination has occurred, PERSCOM will send a memorandum to the EFMP medical coding team to notify them of case closure.

Page 14. Paragraph 3-3a is superseded as follows:

a. After a selection for an assignment to a location outside the United States where dependent travel is authorized at Government expense, the processing CPO will require the employee to complete and sign DA Form 5863-R (Exceptional Family Member Program Information Sheet). When the CPO from another Service is requested to do courtesy processing, the gaining CPO will send a copy of the appropriate paragraphs of this regulation (to include appendix B and the necessary forms) in the processing package. DA Form 5863-R will be reproduced locally on 8 1/2 by 11-inch paper. A copy for reproduction is located at the back of this regulation.

Page 17. Section III, Prescribed Forms, are changed as follows:

Delete DA Form 5288.

Replace title of DA Form 5291-R with "Army Exceptional Family Member Program Educational Summary."

Delete DA Forms 5343 and 5510-R.

Replace title of DA Form 5862-R with "Army Exceptional Family Member Program Medical Summary."

19 July 1991

I01, AR 600-75

Page 19. Delete Appendix C, ACS Instructions for Completing DA Form 5343.

Page 21. Section I, Abbreviations, is changed as follows:

Add:

CAR

Chief, Army Reserve

Delete:

USARPERCEN

U.S. Army Reserve Personnel Center

Page 21. Add the following to Section II, Terms:
Special needs resource team

A subcommittee of the installation EFMP committee that addresses the placement of children including recommendations of developmentally appropriate environment, adult/child ratios, group sizes and any necessary program adaptations. This team will include the CDS coordinator, special needs director or designee, and the installation EFMP coordinator augmented by appropriate expertise (for example; physician, psychologist, nurse, social worker, speech therapist, physical and occupational therapists) and the parents of the child involved.

Page 22. Index is changed as follows: Replace Commander, U.S. Army Reserve Personnel Center with Chief, Army Reserve.

2. Post these changes per DA Pam 310-13.

3. File this interim change in front of the publication.

(CFSC-FSA)

I01, AR 600-75

19 July 1991

By Order of the Secretary of the Army:

GORDON R. SULLIVAN
General, United States Army
Chief of Staff

Official:



MILTON H. HAMILTON
Administrative Assistant to the
Secretary of the Army

DISTRIBUTION: Distribution of this publication is made in accordance with the requirements on DA Form 12-09-E, block number 2216, intended for command level C for the Active Army, D for the Army National Guard, and C for the U.S. Army Reserve.

ARMY EXCEPTIONAL FAMILY MEMBER PROGRAM EDUCATIONAL SUMMARY

For use of this form, see AR 600-75, the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 U.S.C. 552A)

- AUTHORITY:** PL 94-142 (Education for all Handicapped Children Act of 1975); PL 95-561 (Defense Dependents' Education Act of 1978); DODI 1342.12 (Education of Handicapped Children in DODDS), 17 December 1981; DODI 1010.13 (Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DOD Dependents Schools Outside the United States), 28 August 1986, 10 USC 3013; 20 USC 921-932 and 1401 *et seq.*
- PRINCIPAL PURPOSE:** To obtain information needed to evaluate and document the special education and medical needs of :
(1) Family members of all soldiers and (2) Dependent children of Department of the Army civilian employees processing for an assignment to a location outside the United States where dependent travel is authorized at Government expense.
- ROUTINE USES:** (1) Information will be used by personnel of the military departments to evaluate and document the special education and medical needs of family members. This information will enable --
(a) Military assignment personnel to match the needs of family members against the availability of special education and medical services.
(b) Civilian personnel offices to determine the availability of special education and medically related services to meet the needs of dependent children of Department of the Army civilian employees.
(2) Information will be used by Army Community Service in its Exceptional Family Member Outreach program.
- DISCLOSURE:** The provision of requested information is mandatory. Failure to respond will preclude --
(1) U.S. Total Army Personnel Command, Army National Guard Personnel Center, U.S. Army Reserve Personnel Center, and Full Time Support Management Center from enrolling soldiers in the Exceptional Family Member Program (EFMP). Soldiers who knowingly refuse to enroll exceptional family members will receive, at a minimum, a general officer letter of reprimand.
(2) Civilian personnel offices from performing required EFMP aspects of overseas processing of Department of the Army civilian employees with dependent children with special needs. Department of the Army civilian employees who refuse to provide information will be denied the privilege of having their dependent children transported to the duty assignment outside the United States at Government expense. For soldiers, refusal to provide information may preclude successful processing of an application for family travel/command sponsorship.

SECTION A - RELEASE OF INFORMATION

1. I release the information on this summary and in the attached reports to personnel of the military departments for the purpose of evaluating and documenting my family member's need for special education and medical services (and for military personnel recommendations for my next assignment).
2. SIGNATURE OF SPONSOR OR SPONSOR'S SPOUSE
3. DATE SIGNED

SECTION B - SPONSOR INFORMATION (please print or type)

4. NAME (Last, First, Middle Initial)	5. MILITARY DEPARTMENT AFFILIATION (Specify if Civilian)	
6. RANK OR GRADE	7. PRIMARY MOS	8. SOCIAL SECURITY NUMBER
9. HOME ADDRESS (Must be a 3-line address which includes street address or P O Box) (Include Zip Code)	10. HOME PHONE (Include Area Code)	
11. DUTY ADDRESS (Must be a 3-line address which includes street address or P O Box) (Include Zip Code)	12. DUTY PHONE (Include Area Code)	
13. PROJECTED LOCATION OF NEXT ASSIGNMENT (if known)	14. PROJECTED DATE OF NEXT ASSIGNMENT	

SECTION C- FAMILY MEMBER INFORMATION (please print or type)

15. NAME (Last First Middle Initial)	16. SEX	17. DATE OF BIRTH	18. FAMILY MEMBER PREFIX
--------------------------------------	---------	-------------------	--------------------------

SECTION D - EDUCATIONAL SUMMARY

TO BE COMPLETED BY SCHOOL PERSONNEL. This information is used by the Department of Defense in selecting a duty station, including overseas locations, for this student's military sponsor. Please provide complete and accurate information.

19. IS THIS STUDENT ELIGIBLE FOR SPECIAL EDUCATION AS DESCRIBED IN PL 94-142 OR PL 99-457 (X one)

NO	a. If "NO," do not complete the remainder of this form. Sign in block at right and return form to sponsor.	SIGNATURE	DATE
YES	b. If "YES", complete and sign items 19b thru 30h.	SIGNATURE	DATE

20 UNDER WHAT CRITERIA IS STUDENT ELIGIBLE FOR SPECIAL EDUCATION? (X all that apply) (NOTE: Special education programs for children under the age of 5 years are not available in all overseas locations.)

a. PL 94-142 or TITLE II PL 90-457

(x)	CODE		(x)	CODE		(x)	CODE	
	N07	Autistic		N04	Mentally Retarded		N06	Orthopedically Impaired
	N02	Blind			Mild to moderate		N08	Other Health Impaired
	N11	Visually Impaired			Moderate to severe (trainable)		N10	Seriously Emotionally Disturbed
	N01	Deaf			Severe to profound		N12	Specific Learning Disability
		Hearing impaired		N05	Multi-handicapped		N09	Speech Impaired

b. TITLE I (Part H) PL 99-457

	N13	Developmental Delay		N14	At Risk For Developmental Delay
--	-----	---------------------	--	-----	---------------------------------

c. If student is enrolled in DQDOS, under which criteria are they qualified for special education.

☐ Criterion A ☐ Criterion B ☐ Criterion C ☐ Criterion D

21. PRESENT LEVEL OF PERFORMANCE (X appropriate column) to indicate student's present performance level in each area)

CODE		(1) No Data	(2) Normal	(3) Mild Delay	(4) Moderate Delay	(5) Severe Delay
001	a. Self-Help					
002	b. Gross Motor					
003	c. Fine Motor					
004	d. Social					
005	e. Cognitive					
006	f. Expressive Language					
007	g. Receptive Language					

h. Reading Level (Grade)

Math Level (Grade)

22. SERVICES REQUIRED AND LISTED ON IEP (X and complete as applicable for services currently received)

CODE		(X)	(1) Duration of Contract (Minutes)	(2) Frequency of Contract (Weekly or Monthly)	(3) Type of Service		
					Monitoring	Consult	Direct
501	a. Audiology						
502	b. Counseling						
503	c. Occupational Therapy						
504	d. Psychological Services						
505	e. Physical Therapy						
506	f. Therapeutic Recreation						
507	g. School Health Services						
508	h. Social Work Services						
509	i. Speech Therapy						

j. Special Transportation: ☐ (1) Wheelchair ☐ (2) School Bus Attendant

23. Does student require wheelchair accessibility in school building? ☐ YES ☐ NO

24. Percentage of student's time spent in special education classes or resource room %

25. Does student require residential treatment in order to benefit from educational program? ☐ YES ☐ NO
(If Yes, describe treatment program required)

26. Is Student Receiving Adaptive Physical Education? ☐ YES ☐ NO

27. Is Student Receiving Recreational Education? ☐ YES ☐ NO

28. Other Comments (*Describe classroom placement if in special education.*)

SECTION E - ACKNOWLEDGEMENTS

29. SPONSOR

a. SIGNATURE	b. DATE SIGNED
--------------	----------------

30. SCHOOL PERSONNEL

a. TYPED OR PRINTED NAME (<i>Last, First, Middle Initial</i>)	b. TITLE	c. TELEPHONE (<i>include area code</i>)
---	----------	---

d. NAME OF SCHOOL	e. ADDRESS (<i>Include Zip Code</i>)	f. SCHOOL DISTRICT
-------------------	--	--------------------

g. SIGNATURE	h. TELEPHONE (<i>include area code</i>)
--------------	---

31. FOR USE BY MEDICAL COMMAND AND ASSIGNMENT PERSONNEL ONLY

ARMY EXCEPTIONAL FAMILY MEMBER PROGRAM MEDICAL SUMMARY

For use of this form, see AR 600-75; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 U.S.C. 552A)

- AUTHORITY:** PL 94-142 (Education for all Handicapped Children Act of 1975); PL 95-561 (Defense Dependents' Education Act of 1978); DODI 1342.12 (Education of Handicapped Children in DODDS), 17 December 1981; DODI 1010.13 (Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DOD Dependents' Schools Outside the United States), 28 August 1986, 10 USC 3013; 20 USC 921-932 and 1401 et seq.
- PRINCIPAL PURPOSE:** To obtain information needed to evaluate and document the special education and medical needs of (1) Family members of all soldiers and (2) Dependent children of Department of the Army civilian employees processing for an assignment to a location outside the United States where dependent travel is authorized at Government expense.
- ROUTINE USES:**
- (1) Information will be used by personnel of the military departments to evaluate and document the special education and medical needs of family members. This information will enable --
 - (a) Military assignment personnel to match the needs of family members against the availability of special education and medical services.
 - (b) Civilian personnel offices to determine the availability of special education and medically related services to meet the needs of dependent children of Department of the Army civilian employees.
 - (2) Information will be used by Army Community Service in its Exceptional Family Member Outreach program.
- DISCLOSURE:** The provision of requested information is mandatory. Failure to respond will preclude
- (1) U.S. Total Army Personnel Command, Army National Guard Personnel Center, U.S. Army Reserve Personnel Center, and Full Time Support Management Center from enrolling soldiers in the Exceptional Family Member Program (EFMP). Soldiers who knowingly refuse to enroll exceptional family members will receive, at a minimum, a general officer letter of reprimand.
 - (2) Civilian personnel offices from performing required EFMP aspects of overseas processing of Department of the Army civilian employees with dependent children with special needs. Department of the Army civilian employees who refuse to provide information will be denied the privilege of having their dependent children transported to the duty assignment outside the United States at Government expense. For soldiers, refusal to provide information may preclude successful processing of an application for family travel/command sponsorship.

SECTION A - RELEASE OF INFORMATION

1. I release the information on the summary and in the attached reports to personnel of the military departments for the purpose of evaluating and documenting my family member's need for special education and medical services (and for military personnel recommendations for my next assignment).

2. SIGNATURE OF SPONSOR OR SPONSOR'S SPOUSE

3. DATE SIGNED

SECTION B - SPONSOR INFORMATION (please print or type)

4. NAME (Last, First, Middle Initial)

5. MILITARY DEPARTMENT AFFILIATION (Specify if Civilian)

6. RANK OR GRADE

7. PRIMARY MOS

8. SOCIAL SECURITY NUMBER

9. HOME ADDRESS (Must be a 3-line address which includes street address or P.O. Box) (include Zip Code)

10. HOME PHONE (include Area Code)

11. DUTY ADDRESS (Must be a 3-line address which includes street address or P.O. Box) (include Zip Code)

12. DUTY PHONE (include Area Code)

13. PROJECTED LOCATION OF NEXT ASSIGNMENT (if known)

14. PROJECTED DATE OF NEXT ASSIGNMENT

SECTION C - FAMILY MEMBER INFORMATION (please print or type)

15. NAME (Last, First, Middle Initial)

16. SEX

17. DATE OF BIRTH

18. FAMILY MEMBER PREFIX

SECTION D - MEDICAL SUMMARY
(To be completed only by a physician or other designated medical practitioner)

MEDICAL PRACTITIONER - Please fill out this form as completely and as accurately as possible. Utilize ICD 9-CM or DSM III, if possible. List additional diagnoses and problems under "e" Explanation below.

19. DIAGNOSES AND CARE FREQUENCY

a CURRENT ACTIVE DIAGNOSES	b ICD-9/DSM III	c SEVERITY A - Mild B - Moderate C - Severe	d FREQUENCY OF CARE (insert appropriate letter)	
			A - None C - Every 3-4 mos E - Weekly B - Every 6-12 mos D - Monthly	
			(1) Inpatient Care	(2) Outpatient Care

e Explanation of diagnoses that are not described exactly as the ICD-9 or DSM III diagnosis.

20. CARE PROVIDERS (In column a, X the current medical providers essential for care of the patient and use the following codes to indicate frequency in column b) A - every 6-12 months B - every 3-4 months C - once a month or monthly D - weekly (CKX)

a	CODE	TYPE	b	FREQUENCY	a	CODE	TYPE	b	FREQUENCY
	C01	Allergist				C28	Obstetrician		
	C02	Cardiologist, General				C29	Orthodontist		
	C03	Cardiologist, Pediatric				C30	Pediatrician		
	C04	Dentist				C31	Pedodontist		
	C05	Dermatologist				C32	Physiatrist		
	C06	Developmental Pediatrician				C33	Pulmonologist		
	C07	Dietary/Nutrition Specialist				C34	Podiatrist		
	C08	Endocrinologist, General				C35	Psychiatrist, General		
	C09	Endocrinologist, Pediatric				C36	Psychiatrist, Child		
	C10	Family Practitioner				C37	Psychologist, Clinical		
	C11	Gastroenterologist, General				C38	Psychologist, Clinical w/Child Experience		
	C12	Gastroenterologist, Pediatric				C39	Rheumatologist, General		
	C13	General Medical Officer				C40	Rheumatologist, Pediatric		
	C14	Geneticist				C41	Transplant Team		
	C15	Gynecologist				C42	Surgeon, Cardio-thoracic		
	C16	Hemodialysis Team				C43	Surgeon, General		
	C17	Hematologist/Oncologist, General				C44	Surgeon, Neuro		
	C18	Hematologist/Oncologist, Pediatric				C45	Surgeon, Oral		
	C19	Immunologist				C46	Surgeon, Otorhinolaryngologist		
	C20	Internist				C47	Surgeon, Orthopedic, General		
	C21	Nephrologist, General				C48	Surgeon, Orthopedic, Pediatric		
	C22	Nephrologist, Pediatric				C49	Surgeon, Pediatric		
	C23	Neurologist, General				C50	Surgeon, Plastic		
	C24	Neurologist, Pediatric				C51	Urologist		
	C25	Nuclear Medicine Physician				C99	Other (Specify)		
	C26	Ophthalmologist, General							
	C27	Ophthalmologist, Pediatric							

21. ARTIFICIAL OPENINGS/SHUNTS (X all that apply)

CODE	TYPE		
		F05	Colostomy
F01	Gastrostomy	F06	Ileostomy
F02	Tracheostomy	F99	Other (Specify)
F03	CSF Shunt	NONE	
F04	Cystostomy		

22. SERVICES REQUIRED (X all that apply)

CODE	TYPE		
		J10	Audiology Services
J01	Cognitive Enrichment Program	J11	High Risk Newborn Follow-up Services
J02	Program for Visually Impaired	J20	Standard Therapy for Speech/Language Impairments
J03	Social Work Services	J21	Therapy for Hearing Impaired (includes signing)
J04	Occupational Therapy	J22	Total Communication Therapy (includes signing for hearing persons)
J05	Community Health Nurse Svcs	J23	Augmentative Speech Therapy (Uses Communication Devices)
J06	Program for Oral Motor RX	J24	Alaryngeal Speech Therapy (Rehabilitation after laryngeal surgery)
J07	Apnea Monitor Home Program	J99	Other (Specify)
J08	Physical Therapy		
J09	Community Mental Health Services		

23. ADAPTIVE EQUIPMENT NEEDS (X all that apply)

CODE	TYPE		
		L08	Wheelchair (Manual)
L01	Ambulatory Aids	L09	Cardiac Pacemaker
L02	Communication Aids	L10	Wheelchair (Electric)
L03	Apnea Monitor	L11	Augmentative Speech Aids
L04	Hearing Aids/Auditory Trainer	L12	Home Oxygen Therapy
L05	Artificial Limbs	L99	Other (Specify)
L06	Respiratory Aids		
L07	Braces/Splints		

24. ARCHITECTURAL CONSIDERATIONS (X if applicable)

☐ Limited Steps ☐ Complete Wheelchair Accessibility

25. MEDICATIONS (List all medications required by the patient on a routine basis, including chemotherapy, radiation therapy psychotropics and blood products).

26. Has this patient had cancer or leukemia in the past?

☐ YES ☐ NO

If yes, this patient has been disease-free for _____ years and has a _____ % chance of remaining disease-free

The above statement should be completed only by a physician knowledgeable about the disease and its prognosis

27. TREATMENT PLANNED (Describe treatment or surgery planned or likely within the next three years, including expected duration. List any other problems or family circumstances that should be considered in the assignment of the sponsor.)

28. HAS THERE BEEN INTENSIVE PSYCHIATRIC CARE WITHIN THE LAST 5 YEARS (If yes, explain inpatient and/or outpatient care with emphasis on clinical course, compliance, prognosis and participation of family members in treatment)

☐ YES ☐ NO

SECTION E - ACKNOWLEDGEMENTS

29. PATIENT OR SPONSOR THE ABOVE MEDICAL INFORMATION HAS BEEN REVIEWED AND FOUND TO BE ACCURATE AND COMPLETE

a. SIGNATURE	b. DATE SIGNED
--------------	----------------

30. MEDICAL PRACTITIONER

c. TYPED OR PRINTED NAME OF MEDICAL PRACTITIONER COMPLETING THE DA FORM 5862-R	d. TELEPHONE NUMBER (Include Area Code)
--	---

e. ADDRESS OF MEDICAL PRACTITIONER (Include ZIP Code)	COMMERCIAL
	DSN

f. SIGNATURE OF MEDICAL PRACTITIONER	g. DATE SIGNED
--------------------------------------	----------------

1. PHYSICIAN'S AUTHENTICATION (to be signed when a medical practitioner other than a physician completes the DA Form 5862-R)

2. TYPED OR PRINTED NAME OF PHYSICIAN	3. RANK OF PHYSICIAN (typed or printed)
---------------------------------------	---

4. GRADE OF PHYSICIAN (typed or printed)	5. TITLE OF PHYSICIAN
--	-----------------------

6. SIGNATURE OF PHYSICIAN	7. DATE SIGNED
---------------------------	----------------

31. FOR USE BY MEDICAL COMMAND AND ASSIGNMENT PERSONNEL ONLY

Effective 5 July 1990

Personnel—General

Exceptional Family Member Program

This I/PDATE printing publishes a revision of this publication. Because the publication has been extensively revised, the changed portions have not been highlighted.

By Order of the Secretary of the Army:

CARL E. VUONO
General, United States Army
Chief of Staff

Officer:

Milton H. Hamilton

MILTON H. HAMILTON
Administrative Assistant to the
Secretary of the Army

Summary. This regulation outlines the policies and procedures for the Exceptional Family Member Program. It implements Department of Defense Directive 1342.17. It also implements Department of Defense Instructions 1010.13, 1342.12, and 1342.14.

Applicability. This regulation applies to the Active Army, the Army National Guard, and the United States Army Reserve. It also applies to Department of the Army civilians and retired military personnel and their families.

Internal control systems. This regulation is subject to the requirements of AR 11-2. It contains internal control provisions but does not contain checklists for conducting internal control reviews. These checklists are contained in DA Circular 11-87-6.

Committee continuance approval. The Department of the Army Committee Management Officer concurs in the continuance of the Headquarters, Department of the Army (HQDA) and installation Exceptional Family Member Program committees.

Supplementation. Supplementation of this regulation and establishment of command and local forms are prohibited without prior approval from HQDA (CPSC-PSA), Alexandria, VA 22331-0521.

Interim changes. Interim changes to this regulation are not official unless they are authenticated by the Administrative Assistant to the Secretary of the Army. Users will destroy interim changes on their expiration dates unless sooner superseded or rescinded.

Suggested improvements. The proponent agency of this regulation is the Office of the Deputy Chief of Staff for Personnel. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to Commander, United States Army Community and Family Support Center, ATTN: CPSC-PSA, Alexandria, VA 22331-0521.

Distribution. Distribution of this publication is made in accordance with the requirements on DA Form 12-09-E, block number 2216, intended for command level C for the Active Army, D for the Army National Guard, and C for the United States Army Reserve.

add circ 103 1 oct 92

Contents (Listed by paragraph number)

Chapter 1 Program Management

Section I General

- Purpose • 1-1
- References • 1-2
- Explanation of abbreviations and terms • 1-3
- Statutory and Department of Defense (DOD) requirements • 1-4
- Concept • 1-5
- Identification and enrollment • 1-6
- Sanctions • 1-7
- Objectives of the Exceptional Family Member Program • 1-8

Section II

Responsibilities

- Deputy Chief of Staff for Personnel (DCSPER) • 1-9

- Commanding General, U.S. Army Community and Family Support Center (CG, USACFSC) • 1-10
- The Surgeon General (TSG) • 1-11
- The Judge Advocate General (TJAG) and the Chief of Chaplains (CCH) • 1-12
- Commander, U.S. Total Army Personnel Command (CDR, PERSCOM) • 1-13
- Commander, U.S. Army Reserve Personnel Center (CDR, USARPEN) • 1-14
- Chief, National Guard Bureau (CNGB) • 1-15
- Chief of Engineers (COE) • 1-16
- Commanding General, U.S. Army Health Services Command and Commanders, 7th Medical Command, Europe, and 18th Medical Command, Korea • 1-17
- Commanders of major Army commands (MACOMs) • 1-18
- Commanders of OCONUS travel approval authorities • 1-19
- Installation commanders • 1-20

- Installation Exceptional Family Member Program coordinators • 1-21
- Medical treatment facility commanders • 1-22
- Medical treatment facility Exceptional Family Member Program medical directors in the United States • 1-23
- Medical treatment facility Exceptional Family Member Program medical directors outside the United States • 1-24
- Commanders of CONUS and OCONUS personnel service centers • 1-25
- Chiefs of civilian personnel offices C, CPOs • 1-26
- Installation staff judge advocates (SJAs) • 1-27
- Installation public affairs officers (PAOs) • 1-28
- Directors of Engineering and Housing • 1-29

* This regulation supersedes AR 600-75, 23 April 1990. It also rescinds DA Form 5291-1-R, Jan 86; DA Form 5291-2-R, Jan 86; DA Form 5291-3-R, Jan 86, and DA Form 5291-4-R.

Contents--Continued

Chapter 2

Policy

Military personnel • 2-1

Department of the Army civilian
employees • 2-2

Medical services • 2-3

Housing • 2-4

Community support services • 2-5

Chapter 3

Procedures

Army Medical Department • 3-1

U.S. Total Army Personnel

Command • 3-2

Civilian Personnel Office • 3-3

Chapter 4

Exceptional Family Member Program

Report

General • 4-1

Installation Exceptional Family Member
Program Report (RCSGPA-1730) • 4-2

Review and summary of reports • 4-3

Appendices

A. References

B. Service Medical Points of Contact

C. ACS Instructions for Completing DA
Form 5343

Glossary

Index

Chapter 1 Program Management

Section I General

1-1. Purpose

This regulation establishes policies, responsibilities, and procedures for the Exceptional Family Member Program (EFMP).

1-2. References

Required and related publications and prescribed and referenced forms are listed in appendix A.

1-3. Explanation of abbreviations and terms

Abbreviations and special terms used in this regulation are explained in the glossary.

1-4. Statutory and Department of Defense (DOD) requirements

a. Public Law 94-142, Education for All Handicapped Children Act of 1975, requires free appropriate public education for all handicapped children, to include special education and certain related services.

b. Public Law 95-561, Defense Dependents Education Act of 1978, requires Department of Defense Dependents Schools (DODDS) to provide programs designed to meet the special needs of handicapped students in locations outside the United States.

c. Public Law 90-480, Architectural Barriers Act of 1968 requires certain federally owned, leased, or funded buildings and facilities to be accessible to physically handicapped persons.

d. DOD Directive (DODD) 1342.17, Family Policy, 30 December 1988, establishes policies, assigns responsibilities, and prescribes procedures on family policy for DOD personnel and their families.

e. DOD Instruction (DODI) 1342.12, Education of Handicapped Children in the DOD Dependents Schools, 17 December 1981, establishes policies and procedures for providing a free appropriate public education to handicapped children receiving or entitled to receive educational instruction from DODDS on a non-tuition paying basis. It also requires the military command responsible for medical care to provide medically related services to handicapped students in DODDS.

f. DODI 1010.13, Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DOD Dependents Schools Outside the United States, 28 August 1986, establishes policies and procedures to provide medically related services to children receiving or eligible to receive special education. It requires that, if medically related services are likely to be required or considered, military assignments be pinpointed to areas where resources are available and that medical centers be established to provide medically related services. It also promotes the development of a coordinated network for joint assignment management and health care provider training and delivery of medically related services.

g. DODI 1342.14, Monitoring of the Provision of Related Services to Handicapped Children in the DOD Dependents Schools, 25 August 1986, establishes policies and procedures for monitoring the provision of related services.

h. added see chg 3 1 oct 72

1-5. Concept

The EFMP, working in concert with other military and civilian agencies, is designed to provide a comprehensive, multidisciplinary approach for medical, educational, community support, housing, and personnel-type services for families with special needs. Delivery of reimbursable and nonreimbursable services is based on legislative and DOD authority and Army policy. While the legislation and DODI apply only to handicapped school-age children, the EFMP is designed to include all eligible family members with special needs.

1-6. Identification and enrollment

a. The following soldiers with EFMs (children and adults) will enroll in the EFMP.

(1) Active Army.

(2) ~~Members of the U.S. Army Reserve (USAR) serving on active duty and participating in the USAR-Active Guard Reserve (AGR) program.~~

(3) Army National Guard (ARNG) AGR personnel serving under authority of title 10 United States Code (10 USC).

b. Participants in the EFMP will re-enroll every 3 years unless review of medical or special education needs warrants case closure. Procedures for re-enrollment and termination of enrollment are contained in paragraph 3-1a(2).

c. Department of the Army (DA) civilians will identify dependent children with special education and medically related service needs each time they process for an assignment to a location outside the United States where dependent travel is authorized at Government expense. Identification procedures are described in paragraph 3-3.

1-7. Sanctions

a. Soldiers and DA civilians will provide accurate information as required within this regulation when requested to do so by Army officials. Knowingly providing false information in this regard may be the basis for disciplinary or administrative action. DA civilians who refuse to provide such information will be denied the privilege of having their dependent children transported to the duty assignment outside the United States at Government expense. For soldiers, refusal to provide information may preclude successful processing of an application for family travel or command sponsorship.

b. Commanders will take appropriate action against soldiers who knowingly provide false information, or who knowingly fail or refuse to enroll EFMs. (A false official statement is a violation of article 107, Uniform Code of Military Justice (UCMJ).) These actions will include at a minimum a general officer letter of reprimand. However, a letter of reprimand must be based on evidence that the soldier willfully refused to enroll an EFM known by the soldier to require special education or medical services, or knowingly provided false information regarding the same. Subsequent filing of the letter will be according to AR 600-37.

c. The fact that a civilian employee has a dependent child with special education and medically related service needs cannot be the basis for non-selection for a position outside the United States. However, knowingly providing false information or concealing such information may subject an employee to criminal prosecution and administrative disciplinary action.

1-8. Objectives of the Exceptional Family Member Program

The following are objectives of the EFMP:

a. To provide certain reimbursable and nonreimbursable medically related services to handicapped children per DODI 1342.12 with the same priority as medical care to the active duty soldier.

b. To assess, document, and code the special education and medical needs of eligible family members per AR 40-3 in all locations, and forward these coded needs to Headquarters, Department of the Army (HQDA) for use by the U.S. Total Army Personnel Command (PERSCOM) in the military assignment process.

c. ~~To consider the special education and medical need of the EFM during the assignment process and assign soldiers to an area where the special needs can be accommodated providing there is a valid personnel requirement for the soldier's grade and specialty.~~

d. To provide a mechanism for DA civilians to inform the medical department in areas outside the United States of the arrival of dependent children with special education and medically related service needs.

e. To provide the coordination, evaluation, and treatment required for EFMs outside the United States per AR 40-3.

f. To ensure that all eligible family members defined in AR 608-1, paragraph 1-7, receive information and assistance needed

to involve them with community support services to meet their needs.

g. To ensure facility and program accessibility to the handicapped (see AR 600-7).

Section II Responsibilities

1-9. Deputy Chief of Staff for Personnel (DCSPER)

The DCSPER is responsible for the following:

- a. Developing policy guidance to implement the EFMP.
- b. Providing a representative from the Civilian Personnel Directorate to the HQDA EFMP committee.

1-10. Commanding General, U.S. Army Community and Family Support Center (CG, USACFSC)

The CG, USACFSC will perform the following functions for the DCSPER:

a. To the extent permitted by law, formulate DA policy on EFMP using the criteria shown below:

(1) Does the action strengthen or erode the stability of the family and, particularly, the marital commitment?

(2) Does the action strengthen or erode the authority and rights of parents in the education, nurture, and supervision of their children?

(3) Does the action help the family perform its functions or substitute governmental activity for that function?

(4) Does the action increase or decrease family earnings? Do the proposed benefits of the action justify the impact on the family budget?

(5) Can the activity be carried out by a lower level of Government or by the family itself?

(6) What message, intended or otherwise, does the program send to the public concerning the status of the family?

(7) What message does the program send to young people concerning the relationship between their behavior, their personal responsibility, and the norms of our society?

b. Ensure that soldiers and their families are informed of the policy in this regulation.

c. Ensure that EFMPs are developed based on installation-specific needs and mission requirements.

d. Analyze major Army command and installation EFMP program reports and resource requirements.

e. Coordinate and submit EFMP resource requirements through budget channels.

f. Ensure that EFMP activities are allocated the resources required to accomplish their mission, as developed by installation commanders in coordination with subclaimants, MACOMs, and Army headquarters.

g. Ensure that EFMP activities collaborate with other military and civilian agencies to maximize use of allocated resources.

h. Develop and implement a program evaluation system. The objectives of this system are as follows:

(1) Assess service effectiveness and efficiency of overall EFMP operations.

(2) Ensure that results of the evaluation process are included in plans for program improvement.

i. When related services of a medical nature are at issue, ensure that DOD monitoring team recommendations (including those to be furnished through an interservice agreement) are promptly implemented, unless otherwise directed by the Assistant Secretary of Defense (Force Management and Personnel), in consultation with the Assistant Secretary of Defense (Health Affairs).

j. Ensure that medically related service program implementation plans are submitted to the Assistant Secretary of Defense (Health Affairs).

k. Establish and chair a multidisciplinary HQDA EFMP committee. Members will include, at a minimum, representatives from the Army Community Service (ACS), the civilian personnel office (CPO), the Office of the Surgeon General (OTSG), PERSCOM, the Office of the Chief of Engineers, the National Guard Bureau (NGB), and the U.S. Army Reserve Personnel Center

(USARPERCEN). This committee will advise USACFSC on EFMP issues.

l. Provide technical assistance through CONUS and OCONUS field visits.

m. Monitor compliance with this regulation and DODI 1342.14.

n. Develop and implement a system for gathering, compiling, and coding data on availability of special education and health-related services in the military and civilian communities at all assignment locations in the United States in coordination with PERSCOM, OTSG, DODDS, and ACS.

o. Direct ACS EFMP points of contact at the MACOM level in gathering data and coding the availability of special education and health-related services in the U.S. military and civilian communities.

p. Sponsor training workshops for MACOM and installation personnel.

q. Develop guidance for family-find activities in coordination with OTSG and DODDS.

r. Approve memorandums of understanding between Army, MACOM staff, and DODDS.

s. Ensure that EFMP research and program evaluation are directed toward an increased understanding of the following:

(1) The relationship between family factors and readiness and retention.

(2) Factors that make a family support system effective and efficient from a command perspective as well as for individuals being served.

(3) The effect of the mobile military lifestyle on soldiers and their families.

(4) Soldiers and their families (for example, their strengths, needs, and demographic characteristics).

(5) The impact of mobilization on family support systems and its effect on soldiers and their families.

1-11. The Surgeon General (TSG)

TSG will—

a. Provide technical and professional guidance to DCSPER and USACFSC regarding policy related to all aspects of the Army EFMP.

b. Establish policy for assessing and coding the special education and medical needs of family members of active duty Army personnel.

c. Approve the EFMP coding system.

d. Provide technical approval and draft changes to DA Form 5862-R (Army Exceptional Family Member Program Functional Medical Summary), DA Form 5291-R (Army Exceptional Family Member Program Educational Questionnaire), and DA Form 5510-R (Exceptional Family Member Program Coding Summary).

e. Develop policy regarding the level of general medical care and medically related services to be provided in Army areas of responsibility worldwide consistent with the assignment needs of the Army.

f. Assist USACFSC in developing guidance for family-find activities.

g. Ensure that Army Medical Department resources are allocated per health care provider workload standards and performance levels developed under the direction of the Assistant Secretary of Defense (Health Affairs).

h. Provide necessary travel funding for Army representatives on the DOD team monitoring the provision of related services to handicapped children in DODDS.

i. Ensure the cooperation and coordination between AMEDD, Offices of other Surgeons General, and DODDS with respect to implementation of this regulation.

j. Share appropriate information with medical and personnel officers when providing medically related services becomes the responsibility of another military department.

k. Develop and implement an AMEDD EFMP quality assurance program to include—

(1) Coding.

(2) Treatment and evaluation.

l. Inform USACFSC, medical commands (MEDCOMs) and U.S. Army Health Services Command (USAHSC) annually of educational and medical enrollment criteria.

m. Identify and initiate changes to appropriate AMEDD training programs to include diagnosis and treatment of medical and educational handicapping conditions, training for family-find activities, EFM evaluation, and management skills.

n. Organize and sponsor EFMP conferences twice yearly for MEDCOMs and USAHSC.

o. Ensure that continuing and graduate medical education programs and positions exist to train necessary military physicians and medically related service providers to staff the EFMP.

p. Provide orientation training programs for new health professionals assigned to locations outside the United States. These programs will address diagnostic and treatment methods and responsibilities to provide medically related services per this regulation.

q. Ensure that training is available for each health care provider serving as a member of a Case Study Committee (CSC). This training shall include information about the roles and responsibilities of the CSC and the development of an individualized education program (IEP).

r. Ensure the provision of inservice training on medically related services to educational, legal, line, and other suitable personnel, if requested and feasible.

s. Coordinate medical pilot and research projects with USACFSC.

t. Provide technical support to USACFSC in monitoring compliance with this regulation and DODI 1342.14.

u. Provide a representative to participate in CONUS and OCONUS technical assistance visits with USACFSC and PERSCOM.

v. Provide a representative to the HQDA EFMP committee.

1-12. The Judge Advocate General (TJAG) and the Chief of Chaplains (CCH) *see chg 101*

~~TJAG and the CCH assignment authorities will maintain and use copies of DA Form 5288 (Exceptional Family Member Program Needs Booklet) (RCS MILPC-84) provided by PERSCOM in assignment considerations for officer personnel under their control.~~

1-13. Commander, U.S. Total Army Personnel Command (CDR, PERSCOM)

The CDR, PERSCOM will *see chg 101*

~~a. Implement and maintain an automated system for assessing the needs of EFMs and the availability of resources in the military personnel assignment process.~~

~~b. Share resource information with USARPERCEN, NGB and other Services upon request.~~

~~c. Coordinate assignments outside the United States with the military department responsible for providing medically related services for children in their geographic area of responsibility.~~

~~d. Forward a copy of DA Form 5288 received for officer personnel to the respective assignment authorities for use in the assignment process.~~

~~e. Provide annual reports of prevalence rates of handicapping conditions among military family members and other reports as required.~~

~~f. Recommend and draft changes to DA Form 5288 and DA Form 5343 (Exceptional Family Member Program Resource Booklet) (RCS MILPC-84)~~

~~g. Consider, when possible, alternate assignments for soldiers when the following occurs:~~

~~(1) Family travel or command sponsorship outside the continental United States (OCONUS) is disapproved due to lack of general medical services.~~

~~(2) They are pending assignment to a continental United States (CONUS) location where care for the EFM is not available.~~

~~h. Coordinate with DCSPER, TSG, DODDS, and USACFSC in accomplishing responsibilities in a through g above.~~

i. Provide technical support to USACFSC in monitoring compliance with this regulation and DODI 1342.14.

j. Provide a representative to participate in CONUS and OCONUS technical assistance visits with USACFSC and OTSG.

k. Provide a representative to the HQDA EFMP committee.

1-14. Commander, U.S. Army Reserve Personnel Center (CDR, USARPERCEN)

The CG, USARPERCEN will— *see chg 101*

~~a. Develop and implement a system for the following:~~

~~(1) Enrolling all members of the USAR with EFMs in the EFMP if they are serving on active duty and participating in the USAR-AGR program.~~

~~(2) Coordinating availability of resources with PERSCOM.~~

~~(3) Providing statistical reports as required.~~

~~b. Provide a representative to the HQDA EFMP committee.~~

1-15. Chief, National Guard Bureau (CNGB)

The CNGB will—

a. Develop and implement a system for the following:

(1) Enrolling all Army National Guard AGR personnel serving under authority of 10 USC in the EFMP if they have EFMs.

~~(2) Coordinating availability of resources with PERSCOM.~~

~~(3) Providing statistical reports as required.~~

~~b. Provide a representative to the HQDA EFMP committee.~~

1-16. Chief of Engineers (COE)

The COE will perform the following:

a. Manage and provide staff supervision for family housing operations per AR 210-50.

~~b. Provide a representative to the HQDA EFMP committee.~~

1-17. Commanding General, U.S. Army Health Services Command and Commanders, 7th Medical Command, Europe, and 18th Medical Command, Korea

These commanders will—

a. Designate an EFMP director and appropriate staff at the command level to manage and supervise the EFMP.

b. Provide technical and professional guidance to medical treatment facility (MTF) commanders and designees, 1st PERSCOM and 8th PERSCOM regarding medical aspects of the EFMP.

c. Provide necessary technical assistance and logistical support to the DOD team monitoring the provision of related services to handicapped DODDS children during visits to facilities for which they are responsible. (These commanders will cooperate with the monitoring team including making all pertinent records available to the team.)

d. Ensure that procedures are implemented for screening family members for enrollment in EFMP during the provision of routine health services.

e. Ensure that procedures are implemented to refer soldiers for enrollment in EFMP upon diagnosis of an eligible handicapping condition for a family member.

f. Analyze medical department activity (MEDDAC) and medical center (MEDCEN) budget submissions to formulate resource requirements.

g. Submit program requirements through budget channels to higher level command.

h. Allocate and distribute budget resources to MEDDAC and MEDCEN.

i. Submit program personnel requirements through total Army analysis process.

j. Allocate program personnel resources to MEDDAC and MEDCEN.

k. Distribute authorizations and ensure assignment of staff for EFMP.

l. Coordinate new construction with DODDS and OTSG.

m. Review and make recommendations on inter and intra theater transfers and permanent change of station (PCS) requests regarding family members with medical needs.

n. Conduct staff assistance visits to ensure care is consistent with program goals and missions.

- o. Provide on-site evaluation and technical assistance.
- p. Establish a continuing medical education program for EFMP personnel.
- q. Establish a system to ensure that EFMP personnel provide training to MTF personnel on screening, referral, evaluation, and treatment procedures.
- r. Sponsor training workshops for EFMP personnel as needed and as funds permit.
- s. Provide pertinent EFMP data requested by USACFSC and OTSG.
- all chg Tol*
t. Forward information (on DA Form 5343) regarding availability of Army MTF health-related services outside the United States to the Commander, U.S. Army Community and Family Support Center, ATTN: CFSC-FSA, Alexandria, VA 22331-0521, not later than 1 December each year.
- u. Provide a representative to DODDS regional meetings as required.

1-18. Commanders of major Army commands (MACOMs)

Commanders of MACOMs will perform the following:

- a. Manage and supervise the overall operation of MACOM EFMPs to ensure compliance with this regulation and (to the extent permitted by law) the criteria in paragraph 1-10a. Gaining commanders who are responsible for making pinpoint assignments will ensure soldier's EFM needs are considered in the assignment process.
- b. Designate the DCSPER/G1/J1 as the EFMP proponent who will designate an EFMP coordinator to coordinate all components of the program at the MACOM level. Normally, the coordinator will be a person in ACS.
- c. Support the EFMP in the budget process. Guidance to MACOMs is included in the annual Army guidance for programming, planning, and budgeting. MACOMs should use those documents as their basis for developing and programming efforts that support the improvement in the EFMP. The MACOMs should use the program analysis and resource review process to request resources in support of new requirements or increased levels of support for the existing program within the scope of the annual Army Guidance (Volumes I-IV) and Program and Budget Guidance.
- d. Allocate MACOM EFMP resources.
- e. Ensure DA civilian employees are able to gain access to information on the availability of special education and medically related services for their dependent children in areas outside the United States through the CPO.
- f. Ensure that an ACS EFMP point of contact is designated for all assignment locations in CONUS where active duty soldiers are assigned. For locations where an ACS center is not present, points of contact may be appointed on a regional or subordinate command level. The list of EFMP points of contact (name, address, and telephone number) must be updated and forwarded to the Commander, U.S. Army Community and Family Support Center, ATTN: CFSC-FSA, Alexandria, VA 22331-0521 not later than 1 January each year.
- g. Ensure that ACS EFMP points of contact in CONUS provide timely and accurate responses to inquiries from PERSCOM on the availability of special education and health-related services and actual openings in health-related service programs.
- h. Establish controls to ensure that personal information contained in EFMP documentation is properly safeguarded to prevent unauthorized disclosure per AR 340-21.

1-19. Commanders of OCONUS travel approval authorities

These commanders will do the following:

- a. Coordinate with medical and educational representatives to determine the availability of required services.
- b. Respond to inquiries from PERSCOM on the availability of required services.

1-20. Installation commanders *see chg Tol*

Installation commanders will—

- a. Have overall responsibility for the EFMP per AR 5-3. They will ensure that EFMP component needs are identified and budgeted through the appropriate process. The installation proponent will be the Director of Personnel and Community Activities (DPCA) who will designate an EFMP coordinator to coordinate all components of the EFMP (ACS, MTF, personnel service center (PSC), CPO, Directorate of Engineering and Housing (DEH), staff judge advocate (SJA), and schools) at the installation level. Normally, the coordinator will be a person in ACS. When CS is not the EFMP coordinator, the DPCA will appoint an ACS representative to the installation EFMP committee.

- b. Ensure that soldiers with EFMs are—

- (1) Counseled about their responsibilities for the care and welfare of their dependents and availability of services.
- (2) Aware that participation in the program will not adversely affect their selection for promotion, schools, or assignment.
- (3) Counseled about the provisions of this regulation.
- c. Ensure that soldiers with EFMs enroll in the EFMP.
- d. Ensure that procedures exist for identifying and imposing sanctions against soldiers who refuse to enroll in the EFMP.

add see chg Tol 1 Oct 92 1-21. Installation Exceptional Family Member Program coordinators

Installations EFMP coordinators will—

- a. Establish and chair a multidisciplinary EFMP committee. The committee may be a subcommittee of the Human Resource Council. The committee will meet at a minimum quarterly. Minutes of the meeting must be forwarded to the installation commander for approval. Approved minutes must be kept on file. Members will include, at a minimum, representatives from ACS, MTF, PSC, CPO, DEH, SJA, and schools. The committee will advise the EFMP coordinator on EFMP issues.
- b. Develop an installation EFMP standing operating procedure.
- c. Develop a method for tracking soldiers and family members who have been referred for EFMP enrollment by various installation agencies.
- d. Identify overall EFMP community needs and resource requirements to the installation commander.
- e. Solve problems regarding individual EFMs (for example, inaccessible facilities and programs).
- f. Monitor compliance with this regulation.

g. see chg Tol 1-22. Medical treatment facility commanders

MTF commanders will—

- a. Designate an EFMP medical director to manage and supervise the overall medical operation of EFMP. This individual will be a member of the installation EFMP committee.
- b. Coordinate and submit EFMP resource requirements through budget channels to MEDCOM or USAHSC.
- c. Provide necessary logistical support.
- d. Ensure, in consultation with MEDCOM or USAHSC, that appropriate personnel are hired and assigned.
- e. Ensure that EFMP staff are involved in the MTF quality assurance program.
- f. Direct health care providers to screen family members for possible enrollment in EFMP during the provision of routine health care services.
- g. Direct physicians to refer soldiers for enrollment in EFMP upon diagnosis of an eligible handicapping condition for a family member.
- h. Ensure the provision of information to families with EFMs regarding benefits of the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS).
- i. Approve and forward DA Form 5343 regarding availability of Army MTF health-related services outside the United States to MEDCOM and USAHSC not later than 15 November each year.
- j. Provide statistical data for DA Form 5864-R (Exceptional Family Member Program Report) and other pertinent information on EFMP to the installation EFMP coordinator. Approve the DA Form 5864-R prior to MACOM submission.

1-23. Medical treatment facility Exceptional Family Member Program medical directors in the United States

These directors will—

a. Manage and supervise the overall medical operation of EFMP.

b. Appoint a single appropriate EFMP administrative point of contact to do the following:

(1) Maintain records which reflect actual patient visits and records screening workload.

(2) Review and annotate completed evaluation and coding actions in the MTF EFMP suspense file.

(3) Publish within the MTF current medical and educational enrollment criteria for handicapping conditions.

(4) Refer soldiers and family members to ACS for community support services.

c. Identify and report medical resourcing needs to the MTF commander and the installation EFMP coordinator.

d. Plan for and effectively use resources allocated to EFMP.

e. Be responsible for staff training and external and internal in-service programs.

f. Establish standing operating procedures.

g. Provide professional technical assistance in coordination with ACS in the development and execution of family-find activities.

h. Ensure the following (where a coding team has been established):

(1) Special education and medical needs are coded per paragraph 3-1.

(2) Consultation is provided in developmental pediatrics, speech and language pathology, physical and occupational therapy, clinical child psychology, and social work service to family members.

(3) Training and technical assistance are provided to the MTFs within their areas of responsibility regarding all aspects of this regulation.

(4) Education is provided in identification and referral of EFM, care of handicapped children, and responsibilities of CSC members to appropriate medical training programs.

i. Attend the installation EFMP committee meeting.

j. Provide or coordinate medical evaluation for handicapping conditions of EFM from birth to 21 years of age and assistance to adult EFM in concert with the capabilities of local MTFs.

k. Provide medical treatment at locations in the United States per paragraph 2-3.

l. Provide support to ACS in their efforts to collect military and civilian special education and health-related data. Approve DA Form 5343 prior to ACS MACOM submission.

1-24. Medical treatment facility Exceptional Family Member Program medical directors outside the United States

These directors will—

a. Carry out the responsibilities in paragraphs 1-23a through j in addition to the items listed below.

b. Prepare and forward DA Form 5343 regarding availability of Army MTF health-related services outside the United States to MTF commander for approval.

c. Provide medical treatment outside the United States per paragraph 2-3.

d. Supervise multidisciplinary medical teams.

e. Ensure that multidisciplinary medical teams do the following:

(1) Provide multidisciplinary evaluations of children referred by a DODDS CSC within the time frame specified by the CSC.

(2) Provide appropriate written or in-person input to the CSC as it is considering questions of eligibility or IEP development.

(3) Provide the medically related services stipulated by the IEP for DODDS students outside the United States with the same priority as medical care to the active duty soldier.

(4) Provide training as requested by ACS or installation commander staff regarding various conditions that cause educational handicaps and health care specific issues.

(5) Respond immediately to reports on unavailability of medically related services filed by DODDS.

(6) Implement and document quality assurance procedures.

(7) Provide written summary to DODDS of each student's progress in therapy at the close of each semester.

f. Serve as the medically related services liaison officer to perform the following:

(1) Provide liaison between the MTF and DODDS.

(2) Offer, on a consultative basis, training for DODDS personnel on medical aspects of specific handicapping conditions.

(3) Offer consultation and advice (as needed) regarding the health services provided by the school (for example, tracheostomy care, tube feeding, and speech and language therapy).

(4) Participate with DODDS and legal personnel in developing and delivering inservice training programs that include familiarization with various conditions that handicap a child's educational endeavors, the relationship of medical findings to educational functioning, medically related services, and this regulation.

1-25. Commanders of CONUS and OCONUS personnel service centers *see chg 101*

These commanders will—

a. Identify soldiers with EFM during inprocessing as well as during the soldier's reassignment interview.

~~b. Refer soldiers with known or suspected EFM to Army MTFs for evaluation and to ACS for community support assistance. Provide rosters of referred soldiers to EFMP points of contact in ACS and MTF as required.~~

c. Provide local statistical data and other pertinent information on EFMP to the installation EFMP coordinator.

d. Provide a representative to the installation EFMP committee.

1-26. Chiefs of civilian personnel offices (C, CPOs)

Chiefs of CPOs will—

a. Identify and process civilian employees with dependent children who have special education and medically related service needs. (See para 3-3 and app B.)

b. Ensure that procedures exist for identifying and imposing sanctions against those civilian employees who refuse to participate in the EFMP.

c. Make available information regarding special education and medically related services outside the United States.

d. Provide statistical data for DA Form 5864-R and other pertinent information on EFMP to the installation EFMP coordinator.

e. Provide a representative to the installation EFMP committee.

1-27. Installation staff judge advocates (SJAs)

Installation SJAs will—

a. Provide legal advice to installation and DODDS personnel (upon request and in coordination with General Counsel, DODDS) on official matters under this regulation.

b. Provide a representative to the installation EFMP committee.

1-28. Installation public affairs officers (PAOs)

PAOs will—

a. Conduct media campaigns to increase community awareness of EFMP.

b. Monitor the release of information to the media regarding EFMP.

1-29. Directors of Engineering and Housing

These directors will—

a. Provide guidance on facility modernization and construction.

b. Provide statistical data for the DA Form 5864-R and other pertinent information on EFMP to the installation EFMP coordinator.

c. Provide a representative to the installation EFMP committee.

Chapter 2 Policy

2-1. Military personnel

a. Assignment policies.

(1) Assignment managers at HQDA will consider the documented special education and medical needs of family members in the assignment of soldiers.

(2) When possible, HQDA assignment managers will assign soldiers to an area where the special needs of their EFM's can be accommodated. Assignments will depend on existence of valid personnel requirements for the soldier's grade, military occupational specialty code or specialty skill identifier, and eligibility for tour. All soldiers will remain eligible for worldwide assignments.

(3) Prior to assignment of a soldier with exceptional family members to a Cohesion, Operational Readiness Training (COHORT) unit, careful consideration should be given to availability of facilities to care for the family members in the CONUS and OCONUS location. At the time COHORT soldiers apply for OCONUS movement of family members, EFM considerations and needs should be reflected on the DA Form 4787 (Reassignment Processing).

(4) Soldiers approved for entry in the program who are affiliated with a regiment where medical or educational services are not available in either the CONUS or OCONUS locations of the regiment may request a change of affiliation to a regiment stationed where facilities are available. Request for change of affiliation will be submitted on DA Form 4187 through command channels to the PSC.

(5) Soldiers who enroll in the EFMP after receipt of HQDA OCONUS assignment instructions must be aware that enrollment may not affect that assignment. If general medical services are not available, the soldier may be required to serve an "all others" tour.

(6) Requests for deletion, deferment, or compassionate reassignment must be processed under AR 614-100, AR 614-101, or AR 614-200. Participation in the EFMP is not the basis for deletion, deferment, or compassionate reassignment.

(7) Requests for a second PCS within the same fiscal year will continue to be processed under AR 614-6 on a case-by-case basis.

b. Family travel or command sponsorship.

(1) Soldiers with EFM's who are in receipt of OCONUS assignment instructions will be required to enroll in the program.

(2) The Army will not deny family travel or command sponsorship due to nonavailability of the special education program required by EFM in the projected assignment location. Every effort will be made to assign the soldier consistent with location of special education capabilities of DODDS.

(3) Family travel or command sponsorship cannot be denied when medically related services deemed necessary to the education of the EFM are not available. It can be denied when general medical services deemed necessary to the health of the EFM are not available. The Army medical command has final authority to decide if appropriate services are available in an assignment location.

c. Curtailment of overseas tours. Commanders are cautioned not to authorize curtailment of an overseas tour (see AR 614-30, para 8-3) based solely on lack of medical or educational facilities. Soldiers may request advance return of family members under AR 55-46 and proration of the overseas tour under AR 614-30, table 7-4. Only when the separation of the soldier from the family member will cause an adverse impact on the health of the family member will curtailment be considered. (See AR 614-30, chap 8.)

d. Local transportation of EFM outside the United States.

(1) Travel to and from school, in and around school buildings, and between schools, to include travel needed to permit participation in educational and recreational activities pursuant to an IEP of a handicapped child, is the responsibility of DODDS.

(2) Travel from school to the MTF and return for the purpose of obtaining medically related services is the responsibility of the community that provides base operations support to DODDS. Such transportation will not be the responsibility of the MTF, the parent, or DODDS.

e. Transportation and per diem for diagnostic and evaluation purposes. Space-required and space-available tuition free DODDS students who are dependents of active duty members and who are, or may be, considered handicapped under DODI 1342.12, are authorized transportation expenses and per diem or actual expense allowances, as applicable, to the same extent as prescribed in Joint Travel Regulation (JTR), Volume 2, when competent medical or educational authorities request a diagnosis or evaluation under the provisions in DODI 1342.12, and travel is necessary in connection with such diagnosis or evaluation. If those authorities request that one or both of the student's parents or guardian be present, either to participate in the diagnosis or evaluation, or to escort the student, transportation expenses and per diem or actual expense allowances, as applicable, are also authorized for the parents or guardian. Transportation and per diem or actual expenses will be according to temporary duty provisions in JTR, Volume 1 or Volume 2 as applicable.

f. Transportation and actual expenses for treatment.

(1) Overseas, the designated AMEDD approving authority may authorize transportation of dependents to the nearest military medical treatment facility capable of providing required medical care when the following occurs:

(a) The dependent's sponsor is an active duty uniformed member stationed outside the United States and is on active duty for 30 days or more.

(b) The dependent resides with that sponsor and requires medical care that is not available in the locality of the sponsor's duty station.

(2) In such cases, reimbursement is authorized for actual expenses incurred for the dependent's travel between the carrier terminal, treating MTF, and the dependent's temporary place of lodging while undergoing outpatient treatment (JTR, Volume 2, chap 7, M7108.3).

(3) If the dependent is not able to travel unattended, transportation and travel expenses may also be authorized for required non-medical attendants.

(4) When so authorized by the designated overseas AMEDD approving authority, funding for the dependent and his or her attendant's travel will be provided by the appropriate Army Management Structure Cost Code cited in AR 37-100-FY.

g. Travel and per diem for EFM of other than active duty members. Travel and per diem authorization and funding reference for EFM of other than active duty members is provided in paragraph 2-2d.

2-2. Department of the Army civilian employees

a. DA civilians are required to provide information about dependent children with special education and medically related service needs when processing for an assignment to a location outside the United States where dependent travel is authorized at Government expense. Information will not affect the employee's selection for assignment. Advance information is required to ensure a smooth transition for the family and allow the medical department to provide medically related services as required by law.

b. Children of DA civilians receiving educational instruction from DODDS on a space-required tuition free basis who have an IEP are eligible to receive those medically related services set forth in the IEP, at no charge, and with the same priority as health care for active duty soldiers.

c. The Army must charge for medical services rendered to patients who are not otherwise eligible to receive free medical care. Thus, treatment that is not specifically required to develop or implement an IEP under DODI 1342.12 is chargeable. Medical evaluation of children of DA civilians who are not enrolled in DODDS is also chargeable. Outpatient medical reimbursement rates cited in AR 40-330 and DA Circular 40-FY-330 will be charged as discussed in AR 40-3.

d. Space-required and space-available tuition free DODDS students, who are or may be considered handicapped under DODI 1342.12, are authorized transportation expenses and per diem or actual expense allowances, as applicable, to the same extent as

prescribed in JTR, Volume 2, for travel by employees on temporary duty when competent medical or educational authorities request a diagnosis or evaluation under the provisions in DODI 1342.12, and travel is necessary in connection with such diagnosis or evaluation. Such travel and per diem or actual expenses will be borne by the community that provides base operations support to the DODDS in that location. If authorities request that one or both of the student's parents or guardian be present, either to participate in the diagnosis or evaluation, or to escort the student, transportation expenses and per diem or actual expense allowances, as applicable, are similarly authorized for the parents or guardian.

2-3. Medical services

a. The AMEDD will provide medically related services for eligible DODDS students in those geographic areas of responsibility assigned by the Assistant Secretary of Defense (Health Affairs). These areas include Korea, Panama, Belgium, Italy (only Aviano, Rimini, Verona, and Vicenza), Netherlands, Federal Republic of Germany (excludes Bitburg, Hahn, and Wiesbaden) and Berlin and the embassies in the aforementioned countries (except Italy) plus embassies in Latin America and China.

b. Medically related services provided to children attending DODDS outside the United States will be provided with the same priority as health care for active duty military members. General medical services provided to DODDS students who have an IEP and to other EFMs outside the United States, even though such services may be for handicapped conditions, will be provided according to established priorities for care. Medical services for all EFMs in the United States are provided on the same priority as routine medical care (AR 40-3, chap 2); therefore, family members may be required to rely heavily on services provided by the local civilian community and supported through CHAMPUS.

c. The AMEDD will provide medically related services to tuition-free DODDS students at no cost to the student's family.

d. The Army will charge for medically related services provided to tuition-paying DODDS students if they are not entitled to free medical care on some other basis. The sponsoring agency or company of such students will be charged for medically related services when sponsorship exists. If there is no such agency or company, the parent of the student will be charged. The appropriate outpatient medical reimbursement rate as established in AR 40-330, DA Circular 40-FY-330, and AR 40-3, chapter 3, will be charged for IEP related diagnostic and treatment services provided to tuition paying DODDS students as indicated below.

(1) A single charge for a total medical evaluation, regardless of length or number of referrals.

(2) A single charge for each day the student receives hospital and/or school-based treatment.

e. The special education and medical needs of family members of active duty soldiers will be assessed, documented, and coded by the AMEDD and forwarded to PERSCOM as outlined in paragraph 3-1. If soldiers are in receipt of OCONUS assignment instructions, priority appointments will be provided within the MTF as necessary.

2-4. Housing

a. AR 210-50 provides guidance to accommodate soldiers who have family members in the EFMP. Included are provisions to allow the following:

(1) Severely mentally or severely physically handicapped members to be assigned an unshared bedroom.

(2) Soldiers to be assigned on-post quarters due to extreme hardship or for compassionate reasons.

(3) Moves from one set of quarters to another for documented medical reasons at Government expense.

(4) Installation commanders to authorize priority assignment to on-post housing in individual hardship cases.

b. Soldiers with EFMs are not normally reserved a specific set of quarters prior to arrival at the installation. However, exceptions to routine housing assignment will be processed upon arrival. To

accommodate physically handicapped family members, appropriate modification may be made to dwelling units on a case-by-case basis by the installation commander using BP 1900 funds limited to \$5,000 per unit if facilities are not available to accommodate EFM needs. Projects estimated at equal to or more than \$5,000 will be forwarded to the Commander, U.S. Army Engineering and Housing Support Center, ATTN: CEHSC-H, Washington, DC 20314-1000. No unit will be modified or provided with adaptive equipment prior to known requirements. Once requirements are known, appropriate work will be executed by the most expeditious means possible.

c. Soldiers with unique problems that require special attention should communicate these problems and requirements, with documentation, to the sponsor and gaining commander.

d. Soldiers assigned family housing on installations belonging to another Service or Federal agency will be assigned per the housing regulations of the Service or agency that controls the quarters.

e. DA civilians will not be afforded priority for Army family housing unless otherwise entitled to family housing. Provisions of AR 210-50 regarding housing eligibility apply.

2-5. Community support services

a. Information, referral, and placement.

(1) ACS centers will maintain directories of military and civilian special education and health-related services in their communities. Health-related data will be collected in CONUS through mail survey or in-person interviews by EFMP points of contact at ACS center locations on DA Form 4723-2-R (Health-Related Survey—Individual Facility Report). Definitions in DA Form 4723-2-R must be used in conducting the survey of military and civilian health-related facilities (excluding residential treatment facilities) located within a 40-mile radius of the installation. Facilities to be surveyed include children's hospitals, psychiatric hospitals, general referral hospitals, rehabilitation centers, and other community programs for children, ages 0-3 and 3-5, that are not public school based. Once projected availability of care for the next year is established for anticipated patient load, further surveying is not required.

(2) Civilian special education data for immediate school district jurisdictions will be collected by ACS EFMP points of contact in CONUS from existing information data sources.

(3) Special education and health-related data will be collected in coordination with the MTF EFMP medical director or designee.

(4) Each ACS center in CONUS will furnish a report of special education and health-related services to their MACOM ACS office on DA Form 5343 not later than 15 November each year. DA Form 5343 will be approved by the MTF EFMP medical director or designee prior to MACOM submission. Such approval will be noted on the transmittal letter to the MACOM ACS office. ACS instructions for completing DA Form 5343 are in appendix C. The data collected on DA Form 4723-2-R will be used to complete blocks 3 through 8 on DA Form 5343. Block 9 of the DA Form 5343 will be completed from existing special education information data sources. A copy of DA Form 5343 must be kept on file to support PERSCOM. Copies of DA Form 5343 may be obtained from MACOM ACS offices.

(5) MACOM ACS offices will forward DA Form 5343 for each installation through the Commander, U.S. Army Community and Family Support Center, ATTN: CFSC-FSA, Alexandria, VA 22331-0521, to the Commander, U.S. Total Army Personnel Command, ATTN: TAPC-EPO-E, Alexandria, VA 22331-0451, not later than 1 December each year. The DA Form 5343 transmittal letter will note approval of MTF EFMP medical director or designee.

(6) DA Form 4723-2-R will be reproduced locally on 8 1/2 x 11-inch paper. A copy for reproduction is located at the back of this regulation.

(7) When a soldier is selected for assignment to a particular location, the ACS EFMP point of contact in CONUS will support PERSCOM as described in paragraph 3-2.

(8) In response to specific requests for assistance, the ACS EFMP point of contact will support eligible family members by informing them of the availability of community support services in the local military and civilian communities.

b. Advocacy.

(1) ACS will provide eligible family members with information on the following:

(a) Their rights and responsibilities under local and Federal laws.

(b) The type of community services available to meet their needs and facilitate support groups.

(2) The losing ACS will ensure that relocating families of exceptional school age children obtain the following information for transitioning to the new school.

(a) A copy of the IEP.

(b) A summary of educational activities and performance for the current or past school year.

(c) Any medical records.

(3) The gaining ACS will ensure that parents are linked with appropriate special education school officials and medical care providers and, upon request of parents, assist in the IEP process.

c. Family-find activities. ACS will coordinate on- and off-post family-find publicity and information and referral services. DOD schools conduct ongoing activities designed to locate children who might be in need of special education and related services. In many instances, ACS family-find and DODDS child-find activities will be conducted jointly. Family-find information will be disseminated to soldiers and their families in an effort to locate family members who show indications that they might be in need of specialized medical care, therapy, developmental services, or special education. Once located, ACS will refer families to the local MTF or school for screening and evaluation. If there is no MTF, the ACS information and referral file should be used to make appropriate community referrals at no expense to the Government. In locations outside the United States, the ACS will report the birth date, sex of child, military service, and projected date of rotation of EFM (from birth to 21) to the local DODDS school.

d. Respite care.

(1) If not available or accessible through military child development services (CDS) (for example, adult respite care, in-home care, and out-of-home care when CDS does not exist) and civilian resources, ACS will establish and maintain a respite care program for eligible handicapped family members per guidelines in paragraphs (2) through (7) below. Such a program will provide a temporary rest period for family members responsible for regular care of the handicapped person.

(2) Two levels of care will be available according to the needs of handicapped family members. These are supervision only, and supervision with personal care. Respite care is provided on an hourly, daily, or weekly basis. It may be provided either in the respite care user's home or a caregiver's home approved by ACS.

(3) Dependable, caring individuals, motivated by a desire to serve handicapped family members will be recruited from the community. They will be screened, trained, and certified by ACS. Although caregivers are not employees of ACS, they must perform according to the standards established by ACS when providing a respite care service.

(a) Caregivers will be at least 18 years old and in good physical and emotional health.

(b) DA Form 5187-R (Application for Respite Caregivers) and DA Form 5188-R (Medical Report on Applicant for Certification

to Provide Care for Handicapped Children or Adults) will be completed and returned to ACS by prospective caregivers within 30 days of initial contact. At least one in-person interview is required. Use the sample format for a caregiver screening interview shown at figure 2-1 to record the data. DA Forms 5187-R and 5188-R will be reproduced locally on 8½ × 11-inch paper. Copies of the forms are located at the back of this regulation.

(c) Information will be obtained from three written references regarding the prospective caregiver's ability to provide care.

(d) If providing out-of-home care for children, caregiver homes will meet the requirements for special needs family child care home in AR 608-10, chapter 6.

(4) Training will be completed according to local and State guidelines prior to providing respite care. An orientation respite care course outline is shown in figure 2-2 for use by those ACS centers where guidelines do not exist. Coverage of the subjects in figure 2-2 will ensure uniformity of respite care training throughout ACS. Training will provide the necessary framework of knowledge required for efficient participation in the program. A minimum of 12 hours of instruction and discussion is required for a course certificate.

(5) Respite care users will register for the program by completing DA Form 5189-R (Application for Respite Care for Handicapped Children and Adults) and DA Form 5190-R (Clinician's Information) and returning them to ACS. After the completed forms are returned, the respite care worker will make at least one home visit. The format shown at figure 2-3 will be used to record interview contact. Written notification will then be sent to the applicant confirming eligibility or ineligibility for respite care. Approved respite care users must sign DA Form 5512-R (Respite Care Agreement). In addition, they must have DA Form 5191-R (Information on Handicapped Individual) available for the respite caregiver. Respite care providers should be advised to carry personal liability insurance. (DA Forms 5189-R, 5190-R, 5191-R, and 5512-R will be reproduced locally on 8½ × 11-inch paper. Copies of the forms are located at the back of this regulation.)

(6) Respite care information will be safeguarded according to AR 340-21.

(7) Families and caregivers will set the rate for the care provided. Payment for services will be made directly by the families to the caregivers at the end of each respite period. Appropriated funds may only be used to pay or subsidize the cost of respite care in open cases of suspected or substantiated child abuse or neglect where the Family Advocacy Case Management Team determines the following:

(a) Respite care is required to prevent further abuse or neglect or as part of an ongoing program of treatment.

(b) The parents or guardians of the child or children concerned are financially unable to pay for the cost of respite care according to criteria established by the installation commander.

e. Provision of recreational and cultural programs.

(1) In the absence of recreational and cultural programs in the military and civilian community, ACS and activities responsible for morale, welfare, and recreation will sponsor programs for eligible handicapped family members. These programs may include sports (basketball, volleyball, soccer, swimming, and bowling), camps, art, music, and dance therapy.

(2) Coordination of activities with local universities, recreation departments, and other civilian resources is recommended.

f. Provisions of AR 608-1, paragraph 1-7, apply in providing community support services.

Date:

Name:

IDENTIFYING INFORMATION

Age, Sex, Race, Occupation, Referral Source

SUMMARY OF CONTACTS

Where, When, Context

BACKGROUND

Born—Where, When

Family Situation—Parents:

Siblings:

Closeness, Location:

Education History:

Employment History:

Marital Status:

Religion:

Health:

Past Criminal Arrests or Convictions:

PRIOR EXPERIENCE (Volunteer, Paid Courses)

PRESENT SITUATION

Employed or in School:

Source of Income:

Motivation:

SELF ASSESSMENT

Strengths:

Weaknesses:

Ability to handle emergencies:

PREFERENCE AND AVAILABILITY

Ages:

Handicapping Conditions:

Day and Hours:

Transportation:

Personal Care:

Subsidized Families:

SUMMARY AND RECOMMENDATIONS:

Figure 2-1. Sample format for a Caregiver screening interview

First Evening (3 hours)

Purpose of Respite Care
Basic Understanding of Developmental Disabilities
Emotional Aspects of Respite Care
First Aid Course

Second Evening (3 hours)

Seizure Disorders
Medication
Special Feeding Problems

Third Evening (3 hours)

Behavior Management
Prosthetic Appliances

Half-day (Morning or afternoon)

Tour multhandicapped public school, vocational training center, or sheltered workshop

Figure 2-2. Sample Respite care course outline

NAME:

ADDRESS:

PHONE:

I. SUMMARY OF CONTACTS

II. PRESENTING REQUEST

III. HOUSEHOLD COMPOSITION

CLIENT:

OTHER FAMILY MEMBERS:

IV. INCOME

V. DESCRIPTION OF DISABILITY

VI. SOCIAL HISTORY

VII. SUMMARY AND RECOMMENDATIONS:

Figure 2-3. Sample format for a Care user screening interview

Chapter 3 Procedures

3-1. Army Medical Department

The following procedures will be used within the AMEDD to evaluate, document, and code the needs of family members suspected of having conditions which need consideration in the assignment process.

a. The soldier (or representative) will report to the MTF EFMP point of contact to initiate the following evaluation process for enrollment, re-enrollment, or termination of enrollment in the program.

(1) Enrollment.

(a) The MTF EFMP point of contact will assist the family in obtaining the necessary evaluations to determine diagnosis and treatment needs. He or she will ensure that the front of DA Form 209 (Delay, Referral, or Follow-Up Notice) is completed by the soldier and the DA Form 5862-R is completed by a physician (or a medical practitioner such as a nurse or physician's assistant under the supervision of a physician) for each family member with an eligible condition. If a person other than a physician completes the DA Form 5862-R, it will be co-signed by a physician. If the family member is a child, the EFMP point of contact will ensure that DA Form 5291-R is completed by personnel at the child's school. During summer months when school personnel are not available, the DA Form 5291-R will be completed by a physician (or medical practitioner under the supervision of a physician) and the child's parents. When this occurs, a copy of the current IEP will be attached to the DA Form 5291-R. The EFMP point of contact will forward the DA Form 209 and originals of the DA Form 5862-R and the DA Form 5291-R (if necessary) to the EFMP medical coding team. A copy of DA Form 5862-R and DA Form 5291-R will be transmitted to the outpatient treatment records section for filing beneath SF 601 (Health Record—Immunization Record) on the left side of the outpatient treatment record of the EFM. DA Form 5862-R and DA Form 5291-R will be reproduced locally on 8½ × 11-inch paper. Copies of the forms are located at the back of this regulation.

(b) The physician (or medical practitioner under the supervision of a physician) who reviews the medical needs of the referred family member will ensure that the DA Form 5862-R is completed accurately. Additional examinations and consultations may be necessary to gain the required information. The physician (or medical practitioner under the supervision of a physician) should ensure that the information on the DA Form 5862-R reflects an appropriate level of care for the patient based upon knowledge of the patient and condition.

(c) The EFMP medical coding teams (composed of at least three members from the following specialties—pediatrics, speech, mental health, and occupational or physical therapy) will have the following functions:

1. Coding the medical and educational needs of the family member on DA Form 5288 using the coding summary which is designed and monitored by OTSG. Copies of DA Form 5288 have been distributed to the EFMP medical coding teams.

2. Forwarding the DA Form 209 and DA Form 5288 to the Commander, U.S. Total Army Personnel Command, ATTN: TAPC-EPO-E, Alexandria, VA 22331-0451 for EFMP enrollment within 3 weeks of receiving DA Form 5862-R and DA Form 5291-R from the MTF.

3. Preparing DA Form 5510-R (Exceptional Family Member Program Coding Summary) and forwarding with a copy of DA Form 5288 to the EFMP point of contact who enrolled the family within 3 weeks of receiving DA Form 5862-R and DA Form 5291-R.

(d) The EFMP point of contact will transmit a copy of DA Form 5288 and DA Form 5510-R to the outpatient treatment records section for filing beneath SF 601 on the left side of the outpatient treatment record of the EFM. If the soldier and/or spouse wishes, the EFMP point of contact will assist in making an appointment with a physician (or a medical practitioner under the

supervision of a physician) to explain the DA Form 5510-R summary.

(e) PERSCOM will enter data from the DA Form 5288 into the EFMP needs data base and return the DA Form 209 to the soldier. This action signifies completion of the enrollment process.

(2) *Re-enrollment and termination of enrollment.* The MTF EFMP point of contact will assist the soldier and/or spouse in making an appointment with a physician (or a medical practitioner under the supervision of a physician) who will review the DA Form 5510-R with the soldier and spouse.

(a) ~~If changes are not warranted, a physician will so annotate the outpatient treatment record. A letter will be sent simultaneously from the MEDDAC to the EFMP medical coding team where it will be endorsed and forwarded to the Commander, U.S. Total Army Personnel Command, ATTN: TAPC-EPO-E, Alexandria, VA 22331-0421. Both the letter and endorsement will be signed by a physician.~~

(b) If warranted, a new DA Form 5862-R and DA Form 5291-R will be completed and forwarded from the MEDDAC to the EFMP medical coding team according to paragraph 3-1a(1)(a).

(c) When termination of enrollment is indicated for reason other than death, a new DA Form 5862-R and/or DA Form 5291-R will be completed and forwarded from the MEDDAC to the EFMP medical coding team for review. After the review, the EFMP medical coding team will forward a letter under the signature of a physician to the Commander, U.S. Total Army Personnel Command, ATTN: TAPC-EPO-E, Alexandria, VA 22331-0421 recommending termination of enrollment. When termination has occurred, PERSCOM will send a letter to the EFMP medical coding team to notify them of case closure.

(d) ~~In the case of death, a letter (with a copy of the death certificate) requesting termination of enrollment will be forwarded from the MEDDAC to the EFMP medical coding team where it will be endorsed and forwarded to the Commander, U.S. Total Army Personnel Command, ATTN: TAPC-EPO-E, Alexandria, VA 22331-0421. Both the letter and endorsement will be signed by a physician. When termination has occurred, PERSCOM will send a letter to the EFMP medical coding team to notify them of case closure.~~

b. All information obtained in evaluating, documenting, and coding EFM's will be accorded strict confidentiality. Release of information regarding EFM's will be according to AR 340-21.

3-2. U.S. Total Army Personnel Command

The following procedures will be used in considering the documented special education and medical needs of family members during the assignment process.

a. Nominations to OCONUS assignments.

(1) The PERSCOM assignment manager will notify the PERSCOM (TAPC-EPO-E) EFMP coordinator of all soldiers enrolled in the EFMP who are being considered for OCONUS assignment.

(2) Upon notification, the PERSCOM (TAPC-EPO-E) EFMP coordinator will forward the DA Form 5288 of the soldier to the responsible OCONUS travel approval authority to verify availability of services for the soldier's EFM.

(3) The OCONUS travel approval authority will—

(a) Suspend, monitor and coordinate with appropriate command or agency (MEDCOM, DODDS) to obtain initial evaluation decision.

(b) Notify PERSCOM (TAPC-EPO-E) EFMP coordinator of the initial evaluation decision by the most expeditious means.

(4) The PERSCOM assignment manager will have the following functions:

(a) If initial evaluation is approved, continue to process assignment.

(b) If initial evaluation is disapproved, consider alternate assignments based on the needs of the Army.

(c) After assignment location is established, place soldier on assignment instructions.

b. Nominations to CONUS assignments.

(1) The PERSCOM assignment manager will notify the PERSCOM (TAPC-EPO-E) EFMP coordinator of all soldiers enrolled in the EFMP who are being considered for CONUS assignment.

(2) Upon notification, the PERSCOM (TAPC-EPO-E) EFMP coordinator will take the following steps:

(a) Coordinate telephonically with the installation ACS EFMP point of contact to verify availability of services for the soldier's EFM.

(b) Forward decision to the PERSCOM assignment manager.

(3) The PERSCOM assignment manager will determine assignment location and put the soldier on assignment instructions.

3-3. Civilian Personnel Office

The following procedures will be used by losing CPOs (or servicing CPOs if employee is already outside the United States), in coordination with ACS EFMP points of contact and medical personnel, in identifying and processing DA civilian employees with dependent children who have special education and medical-related service needs.

a. After a selection for an assignment to a location outside the United States where dependent travel is authorized at Government expense, the CPO will require the employee to complete and sign DA Form 5863-R (Exceptional Family Member Program Information Sheet). DA Form 5863-R will be reproduced locally on 8½ x 11-inch paper. A copy for reproduction is located at the back of this regulation.

b. When there are no dependent children or special needs do not exist, the employee will so certify and sign the DA Form 5863-R. The DA Form 5863-R will be retained on the left side of the official personnel folder for the duration of the tour outside the United States.

c. When special needs exist and the employee does not intend to take the child or children, the employee will so certify and sign DA Form 5863-R. The completed DA Form 5863-R will be forwarded to the Commander, U.S. Army Community and Family Support Center, ATTN: CFSC-FSA, Alexandria, VA 22331-0521. The CPO will advise the employee that the DA Form 5862-R and DA Form 5291-R must be completed for the child or children should he or she decide, at a later date, to have the child or children join him or her. These forms must be completed and provided to the CPO for coordination of the availability of medically related services with the appropriate Service medical point of contact (app B) prior to the child or children's arrival at the location outside the United States.

d. If special needs exist and the employee intends to take the child or children, the CPO will give the DA Form 5862-R and DA Form 5291-R to the employee who will arrange for completion of the forms by school and medical officials. The employee will return the completed forms to the CPO.

(1) The CPO will contact the appropriate Service medical point of contact by telephone (app B) to advise him or her of the selection outside the United States of a civilian employee having a dependent child or children with special education and medically related service needs, the assignment location outside the United States and projected arrival date. At that time, the needs will be conveyed as identified on DA Form 5862-R and DA Form 5291-R. A copy of the DA Form 5862-R and DA Form 5291-R

will be mailed simultaneously to the medical point of contact. The medical point of contact will advise as to the availability of the required medically related services at the assignment location outside the United States. This information will be provided to the civilian employee. A statement that coordination was accomplished with the medical point of contact (for example, specify name, Service, telephone number, date of telephonic contact, and date DA Form 5862-R and DA Form 5291-R were mailed to the medical point of contact) will be documented on DA Form 5863-R (Exceptional Family Member Program Information Sheet). The DA Form 5863-R will be forwarded immediately upon completion of coordination with medical point of contact, to the Commander, U.S. Army Community and Family Support Center, ATTN: CFSC-FSA, Alexandria, VA 22331-0521.

(2) The CPO will ensure that the civilian employee receives information on the availability of DODDS special education services by either checking a resource directory (prepared and maintained by DODDS) provided to Army CPOs by PERSCOM (TAPC-CPS) or contacting the special education personnel at the Department of Defense Dependents Schools, Office of Dependents Schools, 2461 Eisenhower Avenue, ALEX VA 22331-1100 (AUTOVON 221-7810).

(3) The civilian employee will handcarry the original DA Form 5862-R and DA Form 5291-R for their dependent child with special needs to the appropriate gaining school and medical facility.

Chapter 4

Exceptional Family Member Program Report

4-1. General

In order to provide information to installation commanders and supervisors responsible for overall management of the EFMP, installation EFMP coordinators will prepare a program synopsis (to include funding, staffing, and services provided). EFMP coordinators must ensure that data is collected on an ongoing basis to support the semiannual report, conduct cost studies, and determine workload requirements.

4-2. Installation Exceptional Family Member Program Report (RCSGPA-1730)

a. Installation EFMP coordinators will prepare DA Form 5864-R for approval by the DPCA (or equivalent) and the MTF commander (or designee). (See Table 4-1.)

b. Reports will be prepared semiannually. The report will cover the period from 1 October-31 March and 1 April-30 September.

c. Installation EFMP reports will be forwarded through command channels to arrive at the MACOMs not later than 30 days after the end of the reporting period.

4-3. Review and summary of reports

After review of the DA Form 5864-R, MACOMs will prepare a report summary and forward one copy to the Commander, U.S. Army Community and Family Support Center, ATTN: CFSC-FSA, Alexandria, VA 22331-0521. The report summary should arrive at USACFSC not later than 60 days after the end of the reporting period.

Table 4-1
Preparation Instructions for DA Form 5864-R

Heading or block	Instructions
1-14.	Self-explanatory.
15. Army Community Service (ACS)	Enter the total dollar amount of QACS MDEP funds received for the fiscal year.
	Enter the total dollar amount of nonappropriated funds received.

Table 4-1
Preparation Instructions for DA Form 5864-R—Continued

Heading or block	Instructions
16. Army Medical Department (AMEDD)	Enter the total dollar amount of MDEP HSHC funds received for the fiscal year. Enter the total dollar amount of appropriated funds received for the fiscal year.
17-25.	Calculate and cost out the amount of appropriated funds spent on the ACS EFMP (salaries, contracts, supplies, equipment and travel). Enter the dollar amount spent for each category of AMEDD EFMP expenditure.
26a. Position title	Enter those ACS EFMP positions that are on the installation Table of Distribution and Allowances (TDA). These may include positions that do not carry an EFMP title but require performance of an EFMP function either on a full-time, part-time, or collateral duty basis. Enter those AMEDD EFMP positions that are on the medical treatment facility TDA.
26b. Rank or grade	Enter the appropriate military rank or civilian grade for each of the positions.
26c. MOS or GS	Enter the appropriate military occupational specialty (MOS) or civilian GS series for each of the positions.
26d. No. of requirements	Enter the number of requirements for each position as recorded on the installation and medical treatment facility TDAs.
26e. No. of authorizations	Enter the number of authorizations for each position as recorded on the installation and medical treatment facility TDAs.
26f-k.	Enter the status of each position (filled authorizations, filled overhire, filled temporary, filled contract, unfilled recruiting, and unfilled not recruiting).
27. Installation EFMP coordinator	Self-explanatory
28a. Total number of single contacts	Record the total number of one-time, EFMP single contacts with clients, or service on behalf of clients. These contacts do not require follow up action or multiple sessions. A case file is not opened on clients. Examples are providing information or referring someone to the appropriate service provider.
28b. Case management and counseling	Record the total number of EFMP cases open during the reporting period and the number of individuals served in those cases. Record the total hours devoted to all case management and counseling cases.
28c. Awareness briefings	Record the number of informational briefings about EFMP and the number of people who attend those briefings. 'Command' may be a unit commander and/or command staff. 'Unit' is an entire unit such as a company or may be the unit plus family members. 'Community' is a session open to the public with the audience drawn from the installation at large.
28d. Education and training	Record the number of workshops and classes offered on EFMP and the number of people attending them. 'Unit' and 'community' are defined in 28c.
29a-c.	Record the number of programs and participants as appropriate.
29d. Respite care	Record the number of Army certified ACS and Child Development Services (CDS) respite care homes in the appropriate space. Record the number of new respite homes certified.
30. United States	Enter the total number of patients served and total hours spent in categories (1)-(8).
31. Outside of the United States	Enter the total number of visits, total number of patients served, and total hours spent in categories (1)-(10).
32. Reports of Unavailability of Medically Related Services	Enter the total number of reports of unavailability of medically related services received during the reporting period. Of the number received, enter how many children were enrolled in EFMP prior to assignment of the soldier overseas and how many were not enrolled in EFMP.
33-34.	Enter the total number of EFMP requests submitted and approved for exception to housing assignment policy.
35. Housing units specifically modified for exceptional family members	Enter average cost of modification per unit and average time required to complete modification.
36-37.	Enter the total number of civilians processed for an assignment outside the United States. Of the number processed, enter how many were identified as having a dependent child with special education and medically related service needs.
38. Progress	Describe the accomplishments, new services or programs, and progress made during the reporting period.

Table 4-1
Preparation Instructions for DA Form 5864-R—Continued

Heading or block	Instructions
39. Problem areas	Describe the difficulties encountered in implementing the program.
40. Projected changes	Describe any programmatic changes that are projected to occur during the next reporting period.

Appendix A References

Section I Required Publications

AR 40-3
Medical, Dental, and Veterinary Care. (Cited in paras 1-8, 2-2, and 2-3.)

AR 340-21
The Army Privacy Program. (Cited in paras 1-18, 2-5, and 3-1.)

AR 600-7
Nondiscrimination on the Basis of Handicap in Programs and Activities Assisted or Conducted by the Department of the Army. (Cited in para 1-8).

AR 608-1
Army Community Service Program. (Cited in paras 1-8 and 2-5.)

Section II Related Publications

A related publication is merely a source of additional information. The user does not have to read it to understand the regulation.

AR 5-3
Installation Management and Organization.

AR 37-100-FY
Account/Code Structure.

AR 40-2
Army Medical Treatment Facilities General Administration.

AR 40-66
Medical Record and Quality Assurance Administration.

AR 40-330
Rate Codes and General Policies for Army Medical Department Activities.

AR 55-46
Travel of Dependents and Accompanied Military and Civilian Personnel To, From, Or Between Oversea Areas.

AR 210-50
Family Housing Management.

AR 600-37
Unfavorable Information.

AR 608-10
Child Development Services.

AR 612-10
Reassignment Processing and Army Sponsorship and Orientation Program.

AR 614-6
Permanent Change of Station Policy.

AR 614-30
Oversea Service.

AR 614-100
Officer Assignment Policies, Details, and Transfers.

AR 614-101
Officer and Warrant Officer Reassignment Policy.

AR 614-200
Selection of Enlisted Soldiers for Training and Assignment.

AR 635-100
Officer Personnel.

AR 635-200
Enlisted Personnel.

Army Guidance (Volumes I-IV)

Program and Budget Guidance

DA Circular 40-FY-330
Medical, Dental, and Veterinary Care Rates; Rates for Subsistence; and Crediting Appropriation Reimbursement Accounts.

Joint Travel Regulation.

Section III Prescribed Forms

DA Form 4723-2-R
Health Related Survey—Individual Facility Report. (Prescribed in para 2-5.)

DA Form 5187-R
Application for Respite Caregivers. (Prescribed in para 2-5.)

DA Form 5188-R
Medical Report on Applicant for Certification to Provide Care for Handicapped Children or Adults. (Prescribed in para 2-5.)

DA Form 5189-R
Application for Respite Care for Handicapped Children and Adults. (Prescribed in para 2-5.)

DA Form 5190-R
Clinician's Information. (Prescribed in para 2-5.)

DA Form 5191-R
Information on Handicapped Individual. (Prescribed in para 2-5.)

DA Form 5288
Exceptional Family Member Program Needs Booklet. (Prescribed in paras 3-1 and 3-2.)

DA Form 5291-R
Army Exceptional Family Member Program Educational Questionnaire. (Prescribed in para 3-1.)

DA Form 5343
Exceptional Family Member Program Resource Booklet. (Prescribed in para 2-5.)

DA Form 5510-R
Exceptional Family Member Program Coding Summary. (Prescribed in para 3-1.)

DA Form 5512-R
Respite Care Agreement. (Prescribed in para 2-5.)

DA Form 5862-R
Army Exceptional Family Member Program Functional Medical Summary. (Prescribed in para 3-1.)

DA Form 5863-R
Exceptional Family Member Program Information Sheet. (Prescribed in para 3-3.)

DA Form 5864-R

Exceptional Family Member Program (EFMP) Report. (Prescribed in para 4-2.)

Section IV**Referenced Forms****DA Form 209**

Delay, Referral, or Follow-up Notice

DA Form 4187

Personnel Action

DA Form 4787

Reassignment Processing

SF 601

Health Record—Immunization Record

Appendix B**Service Medical Points of Contact**

Listed below are Service medical points of contact for coordinating the availability of medically related services at projected assignment locations. If the projected assignment location is not shown, the CPO must contact The Surgeon General's Consultant for the Exceptional Family Member Program either telephonically (AUTOVON: 289-0141/0150) or in writing (mailing address: Headquarters, Department of the Army (ATTN: SGPS-CP-U), Skyline 5, Room 603, 5109 Leesburg Pike, Falls Church, VA 22041-3258; message address: DA WASH DC//SGPS-CP-U//) to obtain the name, address and telephone number of the appropriate Service medical point of contact.

B-1. Army

a. Belgium, Netherlands, Italy (only Aviano, Rimini, Verona, and Vicenza), Federal Republic of Germany (excludes Bitburg, Hahn, and Wiesbaden) and Berlin

Mailing address:

Director, Exceptional Family Member Program
HQ, 7th Medical Command
APO New York 09102
AUTOVON: 370-2735/2715/2588

Message address:

CDR7THMEDCOM HEIDELBERG GE//

b. Korea**Mailing address:**

Director, Exceptional Family Member Program
HQ, 18th Medical Command
APO San Francisco 96301-0080
AUTOVON: 297-5014/6755/6744

Message address:

CDR18THMEDCOM SEOUL KOREA//

c. Panama**Mailing address:**

Director, Exceptional Family Member Program
Pediatric Service
Gorgas Army Hospital
APO Miami 34004-5000
AUTOVON: 282-5201

Message address:

CDRUSAMEDDAC QUARRY HEIGHTS PM

B-2. Air Force

a. Azores, Bahrain, Crete, Greece, Italy (excludes Aviano, Rimini, Verona, and Vicenza), Portugal, Saudi Arabia, Spain and Turkey

Mailing address:

Regional Social Work Consultant
USAF Hospital/SGHMA
APO New York 09283-5300
AUTOVON: 723-537

Message address:

UASF HOSPITAL TORREJON AB SP//SGHMA//

b. United Kingdom (England, Scotland, and Wales), Iceland and Norway

Mailing address:

Regional Social Work Consultant
Lakenheath/SGHMA
APO New York 09179-5300
AUTOVON: 226-3686/2409

Message address:

USAFRGN HOSPITAL RAF LAKENHEATH UK//
SGHMA//

c. Federal Republic of Germany (only Bitburg, Hahn, and Wiesbaden)

Mailing address:

Regional Social Work Consultant
USAF RGN MED CEN
APO New York 09220-5300
AUTOVON: 225-2225

Message address:

RGNMEDCEN WIESBADEN AB GE//SGHMA

d. Philippines**Mailing address:**

Exceptional Family Member Program Officer
USAF Hospital/SGHMA
APO San Francisco 96274-5300
AUTOVON: 396-3137/1440

Message address:

13 MED CEN CLARK AB//SGHMA//

B-3. Navy

a. Bermuda, Cuba, and West Indies (Antigua)

Mailing address:

Naval Medical Command, Mid-Atlantic Region
ATTN: EFMP/DODDS Point of Contact
Norfolk, VA 23508-1297
AUTOVON: 565-1074

Message address:

NAVMEDCOM MIDLANTREG NORFOLK VA

b. Japan (mainland) and Okinawa

Mailing address:

Naval Medical Command, Pacific Region
ATTN: EFMP/DODDS Point of Contact
Barbers Point, HI 96862-5850
AUTOVON: 484-4296

Message address:

NAVMEDCOM PACREG BARBERS PT HI

c. Newfoundland

Mailing address:

Officer in Charge

Branch Medical Clinic
Argentina
FPO NY 09597-0007
AUTOVON: 568-8578

Message address:
NAVFAC ARGENTIA CAN

see chg 101
Appendix C
ACS Instructions for Completing DA Form 5343

C-1. Block 1, Military Community Survey Area

Enter the Military Community Survey Area data code as shown below for the installation completing the report.

Name of installation	Data code
Fort McClellan, AL	AM
Fort Rucker, AL	AR
Redstone Arsenal, AL	AN
Fort Huachuca, AZ	AH
Yuma Proving Ground, AZ	AY
Pine Bluff Arsenal, AR	AP
Fort Irwin, CA	C1
Fort Ord, CA	CD
Oakland Army Base, CA	CO
Presidio of San Francisco, CA	C5
Sacramento Army Depot, CA	CV
Sharpe Army Depot, CA	CX
Sierra Army Depot, CA	CW
Fitzsimons Army Medical Center, CO	CF
Fort Carson, CO	CC
Walter Reed Army Medical Center, DC	DW
Fort Benning, GA	GB
Fort Gillem, GA	G1
Fort Gordon, CA	GG
Fort McPherson, GA	GM
Fort Stewart, GA	GS
Hunter Army Airfield, GA	GH
Fort Sheridan, IL	IS
Rock Island Arsenal, IL	IR
Savanna Army Depot, IL	ID
U.S. Army, St. Louis Area Support Center, IL	IA
Fort Benjamin Harrison, IN	IH
Fort Leavenworth, KS	KL
Fort Riley, KS	KR
Fort Campbell, KY	KC
Fort Knox, KY	KK
Fort Polk, LA	LP
Aberdeen Proving Ground, MD	MP
Fort Detrick, MD	MD
Fort George G. Meade, MD	MM
Fort Ritchie, MD	MR
Fort Devens, MA	MV
Natick/Research and Development Center, MA	MN
Selfridge Air National Guard Base, MI	MF
Fort Leonard Wood, MO	MW
Bayonne Military Ocean Terminal, NJ	NO
Fort Dix, NJ	ND
Fort Monmouth, NJ	NM
Armament, Research, and Development Center, NJ	N7
White Sands Missile Range, NM	NW
Fort Drum, NY	NR
Fort Hamilton, NY	NH
Seneca Army Depot, NY	NC
West Point, NY	NI
Fort Bragg, NC	NB
Fort Sill, OK	OS
McAlester Ammunition Plant, OK	OM
Carlisle Barracks, PA	PC
Fort Indiantown Gap, PA	PR
Letterkenny Army Depot, PA	PL
New Cumberland Army Depot, PA	PN
Tobyhanna Army Depot, PA	PT
Fort Jackson, SC	SJ
Fort Bliss, TX	TB

Fort Hood, TX
Fort Sam Houston, TX
Red River Army Depot, TX
Dugway Proving Ground, UT
Tooele Army Depot, UT
Fort Belvoir, VA
Fort Eustis, VA
Fort Lee, VA
Fort Monroe, VA
Fort Myer, VA
Fort Story, VA
Vint Hill Farms Station, VA
Fort Lewis, WA
Fort McCoy, WI

TH
TS
TR
UP
UT
VB
VE
VL
VM
VY
VS
VV
WL
WM

C-2. Block 2, Date Coded

This block is self-explanatory.

C-3. Blocks 3-5, Health Related Service Assistance Level Capability

These blocks are self-explanatory.

C-4. Blocks 6-7, Home or Near Home Special Care Health Related Assistance Level Capability

These blocks are self-explanatory.

C-5. Block 8, Health Care Provider Specialty Capability

This block is self-explanatory.

C-6. Block 9, Special Education Handicapping Category and Condition Capability

Use the following definitions of special education placement types and handicapping categories and conditions in completing block 9:

a. Types of special education placement

(1) *Special day school.* A state or private school that is a separate facility for children with a homogeneous need such as deaf, blind, serious emotionally disturbed, other health impaired, autistic, or multiple handicapped.

(2) *Residential institution.* A facility that provides 24-hour care (usually with a medical support component) to EFMs.

(3) *Early childhood preschool.* A facility providing special education and related services for infants and youngsters.

b. Special education handicapping category and condition

(1) *Physical impairment.* This group includes individuals exhibiting one or more of the following handicapping conditions: deaf, deaf-blind, hard of hearing, autistic, orthopedically impaired, blind, visually handicapped, or other health impaired.

(a) *Deaf.* A hearing loss or deficit so severe that the person is impaired in processing linguistic information through hearing, with or without amplification, to the extent that his or her educational performance is adversely affected.

(b) *Deaf-blind.* Concomitant hearing and visual impairment, the combination of which causes severe communication and other developmental and educational problems that cannot be accommodated in special education programs solely for the deaf or the blind.

(c) *Hard of hearing.* A hearing impairment, whether permanent or fluctuating, that adversely affects a person's educational performance, but does not constitute deafness.

(d) *Autistic.* A severe form of mental disorder that exhibits a majority of the following characteristics:

1. Lack of appropriate speech (individuals are nonverbal or echolalic, for example, parroting phrases spoken to them, but are unable to use them meaningfully in other contexts).

2. Lack of appropriate social behavior (individuals appear to be oblivious to other people's presence or relate to people in a bizarre manner).

3. Apparent sensory deficit (individuals are often incorrectly suspected of being blind or deaf).

4. Lack of appropriate play (young individuals usually ignore toys or interact inappropriately with them).

5. Inappropriate and out of context emotional behavior (individuals may display extreme tantrums, hysterical laughter, or, on the other hand, a virtual absence of emotional response).

6. High rates of stereotyped, repetitive behavior, referred to as self-stimulation (for example, flapping fingers or rhythmically rocking for hours without pause):

7. Isolated areas of high-level functioning ("splinter skills" especially in the areas of music, number configurations, and manipulation of mechanical instruments).

(e) *Orthopedically impaired.* A severe orthopedic impairment that adversely affects a person's educational performance. The term includes congenital impairments (such as clubfoot and absence of some member), impairments caused by disease (such as poliomyelitis and bone tuberculosis) and impairments from other causes (such as cerebral palsy, amputations, and fractures or burns causing contractures).

(f) *Visually handicapped, blind.* A visual acuity lost or deficit so severe that the person is impaired in processing information through sight, with or without any correction, to the extent that his or her educational performance is adversely affected.

(g) *Visually handicapped, partially seeing.* A visual impairment that adversely affects a person's educational performance, but that does not constitute blindness.

(h) *Other health impaired.* Limited strength, vitality, or alertness due to chronic or acute health problems that adversely affect a person's educational performance, including heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle-cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, and diabetes.

(2) *Speech or language impairment.* This group includes individuals exhibiting one or more of the following handicapping conditions that adversely affect their educational performance: voice production disorder, dysfluency, misarticulation, receptive language delay, and expressive language delay.

(3) *Learning impairment.* This group includes individuals exhibiting one or more of the following handicapping conditions: generic, mild educational impairment; mentally retarded (mild); mentally retarded (moderate, severe); specific learning disability.

(a) *Moderate or severe mental retardation.* The general intellectual functioning that is significantly subaverage. In addition to this intellectual deficit, these individuals are limited in, but able to acquire some academic material, care for their personal needs, and live independently as adults. This condition is much less identifiable than the more seriously mentally disturbed.

(b) *Specific learning disabilities.* Disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language that may manifest itself as an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include people who have learning problems that are primarily the result of visual, hearing, or motor handicaps, mental retardation, emotional disturbance, or environmental, cultural, or economic differences.

(4) *Seriously emotionally disturbed.* A condition that has been confirmed by clinical evaluation and diagnosis and that, over a long period of time and to a marked degree, adversely affects educational performance, and that exhibits one or more of the following characteristics:

(a) An inability to learn that cannot be explained by intellectual, sensory, or health factors.

(b) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

(c) Inappropriate types of behavior under normal circumstances.

(d) A tendency to develop physical symptoms of fear associated with personal or school problems.

(e) A general pervasive mood of unhappiness or depression.

Glossary

Section I Abbreviations

ACS

Army Community Service

AMEDD

Army Medical Department

CDS

Child Development Services

CHAMPUS

Civilian Health and Medical Program of the Uniformed Services

COE

Chief of Engineers

COHORT

Cohesion, Operational Readiness Training

CONUS

continental United States

CPO

civilian personnel office

DA

Department of the Army

DCSPER

Deputy Chief of Staff for Personnel

DOD

Department of Defense

DODDS

Department of Defense Dependents Schools

DPCA

Director of Personnel and Community Activities

EFM

exceptional family member

EFMP

Exceptional Family Member Program

HQDA

Headquarters, Department of the Army

IEP

Individualized Education Program

JTR

Joint Travel Regulation

MACOM

major Army command

MEDCEN

U.S. Army Medical Center

MEDCOM

medical command

MEDDAC

medical department activity

MTF

medical treatment facility

NGB

National Guard Bureau

OCONUS

outside continental United States

OTSG

Office of The Surgeon General

PERSCOM

U.S. Total Army Personnel Command

PSC

personnel service center

TSG

The Surgeon General

USACFSC

U.S. Army Community and Family Support Center

USAHSC

U.S. Army Health Services Command

USARPERCEN

U.S. Army Reserve Personnel Center

Section II Terms

Anticipated patient load

Number of patients requiring treatment based on current prevalence rates within a 40-mile radius of the military community.

Case study committee

A multidisciplinary team that is the guiding force behind the provision of appropriate services to handicapped students in DODDS schools.

Exceptional family member

A family member with any physical, emotional, developmental, or intellectual disorder that limits the individual's capability to engage in pursuit with peers and requires special treatment, therapy, education, training, or counseling.

Family-find

The on-going process used by the Army to seek and identify families who have family members that might require specialized medical care, therapy, developmental services, or special education. Family-find activities include publicity, identification (screening), referral, and evaluation procedures.

General medical services

Those non-educationally related health services provided to authorized dependents by the military medical department on a space available basis that are determined by a

qualified military medical authority to be beneficial to the overall health of the dependent.

Individualized Education Program

A written statement of the special education and related services for a handicapped child. It is developed by a multidisciplinary team in accordance with this regulation. An IEP must be written for every handicapped student who is receiving special education and related services.

Installation

The organization, activity, or military community that has overall command responsibility for EFMP where the soldier or employee is assigned.

Installation commander

The term refers to the commander of the organization, activity, or military community who has overall command responsibility for EFMP where the soldier or employee is assigned.

Medical center

Facility designated by the Surgeon General, responsible for completing the DA Form 5288, used to report exceptional family member needs to PERSCOM.

Medically related services

Educationally related medical services provided outside the United States by and at the expense of the military medical departments and then set forth in the student's IEP by the Case Study Committee as being required for the student to benefit from a specially designed instructional program.

Respite care

A program providing a temporary rest period for family members responsible for regular care of handicapped persons.

Space-available

Pupil accommodations that may be made available in DODDS if the Director, DODDS, or designee, determines that a school operated by DODDS had adequate staff and other resources to permit the enrollment of nonspace-required students.

Space-required

Pupil accommodations that must be provided by DODDS.

Special education

Specially designed instruction, at no cost to the child or parent, to meet the unique educational needs of a handicapped child, including education provided in a school, at home, in a hospital or in an institution, physical education programs, and vocational education programs.

Index

This index is organized alphabetically by topic and by subtopic within a topic. Topics and subtopics are identified by paragraph number.

- Advocacy, 2-5
- The Judge Advocate General and the Chief of Chaplains, responsibilities of, 1-12
- Chief of Engineers, responsibilities of, 1-16
- Chief, National Guard Bureau, responsibilities of, 1-15
- Chiefs of civilian personnel offices, responsibilities of, 1-26
- Civilian personnel office procedures, 3-3
- Coding, 3-1
- Commanders of CONUS and OCONUS personnel service centers, responsibilities of, 1-25
- Commanders of OCONUS travel approval authorities, responsibilities of, 1-19
- Commander, U.S. Army Community and Family Support Center, responsibilities of, 1-10
- Commanding General, U.S. Army Health Services Command and Commanders, 7th Medical Command, Europe, and 18th Medical Command, Korea, responsibilities of, 1-17
- ~~Commander, U.S. Army Reserve Personnel Center, 1-14~~ *Chief Army Reserve*
- Commander, U.S. Total Army Personnel Command, 1-13
- CONUS military assignment nominations, 3-2
- Deputy Chief of Staff for Personnel, responsibilities of, 1-9
- Directors of Engineering and Housing, responsibilities of, 1-29
- Enrollment procedures, 3-1
- Family-find activities, 2-5
- Family travel/command sponsorship, 2-1
- Housing modifications, 2-4
- Identification and enrollment, 1-6
- Information, referral, and placement, 2-5
- Installation commanders, responsibilities of, 1-20
- Installation Exceptional Family Member Program Coordinators, responsibilities of, 1-21
- Installation public affairs officers, responsibilities of, 1-28
- Installation staff judge advocates, responsibilities of, 1-27
- Commanders of major Army commands, responsibilities of, 1-18
- Medical treatment facility commanders, responsibilities of, 1-22
- Medical treatment facility Exceptional Family Member Program medical directors in the United States, responsibilities of, 1-23
- Medical treatment facility Exceptional Family Member Program medical directors outside the United States, responsibilities of, 1-24
- OCONUS military assignment nominations, 3-2
- Recreational and cultural programs, 2-5
- Re-enrollment procedures, 3-1
- Respite care, 2-5
- Sanctions, 1-7
- Termination of enrollment, 3-1
- The Surgeon General, responsibilities of, 1-11

HEALTH-RELATED SURVEY - INDIVIDUAL FACILITY REPORT

For use of this form, see AR 600-75; the proponent agency is DCSPER.

OMB APPROVED
NO. 0704-0175
Exp date 31 Dec 90

Public reporting burden for this collection of information is estimated to average one hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

NOTE: This form will be completed by each individual facility indicating the capability of the facility to provide health-related services. Use typewriter or print legibly in ink.
READ THE DEFINITIONS ATTACHED TO THIS FORM BEFORE MAKING EACH ENTRY.

PART A - GENERAL INFORMATION

1. NAME OF FACILITY	2. ADDRESS		
3. CHIEF ADMINISTRATOR	4. BUSINESS TELEPHONE	5. SERVICE HOURS (Days) (Hours)	6. APPROXIMATE MILES FROM INSTALLATION
7. TYPE OF OWNERSHIP (Indicate the category which best describes the legal ownership of this facility.) (Check one box only)			
<input type="checkbox"/> Private - for Profit <input type="checkbox"/> Private - not for Profit <input type="checkbox"/> Local Government <input type="checkbox"/> State Government <input type="checkbox"/> Federal Government <input type="checkbox"/> Other (Specify)			
8. ACCESSIBILITY			
a. TRANSPORTATION (Check all that applies and fill in blanks)			b. WHEELCHAIR ACCESS (Check all that applies)
<input type="checkbox"/> On bus line <input type="checkbox"/> Not on bus line; distance to bus line is _____ blocks <input type="checkbox"/> Parking available (_____ miles) <input type="checkbox"/> Parking fee \$ _____ <input type="checkbox"/> Taxi stand at facility <input type="checkbox"/> Facility operates own transportation system			<input type="checkbox"/> Building <input type="checkbox"/> Restrooms <input type="checkbox"/> Unrestricted <input type="checkbox"/> Restricted (Specify age group) _____
9. FEE FOR SERVICE (Check all that applies)			
<input type="checkbox"/> Full Fee <input type="checkbox"/> No Fee <input type="checkbox"/> Sliding Scale <input type="checkbox"/> Advance Pay <input type="checkbox"/> Medicaid <input type="checkbox"/> Champus <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Other			

PART B - HEALTH-RELATED SERVICE ASSISTANCE LEVEL CAPABILITY

a. In Items 1 through 8 below, indicate whether or not your facility has vacancies during the next year for new patients in the category and level applicable to the specified age groups.

LINE	FUNCTIONAL CATEGORIES	LEVEL A				LEVEL B				LEVEL C				LEVEL D				LEVEL E			
		YOUTH		OTHER		YOUTH		OTHER		YOUTH		OTHER		YOUTH		OTHER		YOUTH		OTHER	
		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
1	Oral Motor Deficit																				
2	Compromised Respiratory Function																				
3	Restricted Mobility																				
4	Upper Extremity Deficit																				
5	Activities of Daily Living																				
6	Adaptive Equipment																				
7	Behavioral and Emotional Disorders																				
8	Drug and Alcohol Use/Abuse/Dependence																				

see city To 1

PART B - HEALTH-RELATED SERVICE ASSISTANCE LEVEL CAPABILITY (Continued))

In Items 9 through 20 below, indicate whether or not your facility has vacancies during the next year for new patients in the category and level specified below.

LINE	FUNCTIONAL CATEGORIES	LEVEL A		LEVEL B		LEVEL C		LEVEL D		LEVEL E	
		YES	NO	YES	NO	YES	NO	YES	NO		
9	High Risk Newborn										
10	Delayed Development										
11	Delayed Cognitive Development										
12	Sensory Integration Deficit										
13	Architectural and Environmental Adaptations										
14	Vision										
15	Speech/Language Deficit										
16	Hearing										
17	Learning Problem										
18	Medical Social Work										
19	Community Health Nurse										
20	Secondary Functional Disabilities										

PART C - HOME OR NEAR HOME (EXCLUDING SCHOOL BASED SERVICES) SPECIAL CARE HEALTH-RELATED SERVICE ASSISTANCE LEVEL CAPABILITY

NOTE: Indicate whether or not your facility has vacancies for new patients for each type and level during the next year.

LINE	TYPES OF CARE	LEVELS OF CARE																HOMEMAKER ASSISTANCE	
		RESPITE CARE				DAY CARE				SHELTERED WORKSHOP				GROUP HOME					
		YOUTH		OTHER		YOUTH		OTHER		YOUTH		OTHER		YOUTH		OTHER		YES	NO
		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
21	Mentally Handicapped																		
22	Physically Handicapped																		
23	Psychiatric Care																		
24	Delinquency																		
25	Blind																		
26	Deaf																		

see chg 101

PART D - HEALTH CARE PROVIDER SPECIALTY CAPABILITY

NOTE: Indicate the capability of your facility to provide health-related services in the categories shown below.

LINE	CATEGORY	YES	NO	LINE	CATEGORY	YES	NO	LINE	CATEGORY	YES	NO
27	Allergist			47	Ophthalmologist, pediatric			66	Dentist		
28	Cardiologist, pediatric			48	Otorhinolaryngologist			67	Periodontist		
29	Dermatologist			49	Pediatrician			68	Oral Surgeon		
30	Endocrinologist			50	Developmental pediatrician			69	Orthodontist		
31	Endocrinologist, pediatric			51	Psychiatrist			70	Psychologist		
32	Gastroenterologist			52	Child Psychiatrist			71	Child psychologist		
33	Hematologist			53	Physical medicine physician/physiatrist			72	Neuropsychologist		
34	Hematologist, pediatric			54	Physical medicine physician/physiatrist, pediatric			73	Audiologist		
35	Immunologist			55	Pulmonary disease physician			74	Physical therapist		
36	Internist			56	Rheumatologist			75	Physical therapist, pediatric		
37	Maxillofacial surgical team			57	Cardiac surgeon			76	Occupational therapist		
38	Nephrologist			58	General surgeon			77	Occupational therapist, pediatric		
39	Nephrologist, pediatric			59	Neurosurgeon			78	Respiratory therapist		
40	Neurologist			60	Orthopedic surgeon			79	Speech/language pathologist		
41	Neurologist, pediatric			61	Orthopedic surgeon, pediatric			80	Optometrist		
42	Nuclear medicine physician			62	Pediatric surgeon			81	Developmental optometrist		
43	Obstetrician and Gynecologist			63	Plastic surgeon			82	Orthotist		
44	Oncologist			64	Thoracic surgeon			83	Dietitian-nutritionist		
45	Oncologist, pediatric			65	Urologist			84	Podiatrist		
46	Ophthalmologist										

10. TYPED NAME OF INDIVIDUAL COMPLETING REPORT

11. SIGNATURE

12. COMMERCIAL TEL. NO.

13. AUTOVON NO.

See chg. 101

**DEFINITIONS OF HEALTH-RELATED SERVICE ASSISTANCE LEVELS
AND
HOME OR NEAR HOME SPECIAL CARE LEVELS
DA FORM 4723-2-R**

• Levels of Health-Related Service Assistance

	LEVEL A	LEVEL B	LEVEL C	LEVEL D
1. Oral Motor Deficit (therapy provided by a specially trained occupational therapist (OT), physical therapist (PT) or speech language pathologist (SLP) to improve skills of speaking, sucking, swallowing and eating)				
a. Youth (age 13 & under)	Requires consultation to pediatric PT/OT and/or SLP.	Oral motor skills are not optimal. One session per week of oral motor therapy is required as a short term therapy plan.	Oral motor dyspraxia is significant and prevents normal acquisition of oral motor skills. Requires individual oral motor therapy one to two times per week as a long term therapy plan.	
b. Other (over 13 years of age)	Same level as for children except consultation/therapy provided by adult PT/OT and/or SLP.	Same level as for children except consultation/therapy provided by adult PT/OT and/or SLP.	Same level as for children except consultation/therapy provided by adult PT/OT and/or SLP.	
2. Compromised Respiratory Function				
a. Youth (age 13 & under)	Basic management by pediatrician or internist with patient therapy by physical therapist with routinely available respiratory equipment such as handheld spirometer. (PEDIATRIC TRAINED SPECIALIST)	Must be managed by subspecialty trained pediatrician/internist. Requires hospital based respiratory therapist and facilities or intensive ventilatory support. (PEDIATRIC TRAINED SPECIALIST)		
b. Other (over 13 years of age)	Basic management by pediatrician or internist with patient therapy by physical therapist with routinely available respiratory equipment such as handheld spirometer. (ADULT TRAINED SPECIALIST)	Must be managed by subspecialty trained pediatrician/internist. Requires hospital based respiratory therapist and facilities or intensive ventilatory support. (ADULT TRAINED SPECIALIST)		
3. Restricted Mobility (musculoskeletal, neuromuscular, or cardiopulmonary conditions affecting bed mobility, transfers, wheelchair management and/or household or community ambulation skills)				
a. Youth (age 13 & under)	Consultation by PT and/or physiatry or periodic monitoring of skills. (PEDIATRIC TRAINED SPECIALIST)	Short term PT 1-2 hours per week with decrease in frequency as mobility skills are mastered. (PEDIATRIC TRAINED SPECIALIST)	Long-term PT 1-2 sessions per week. Periodic consultation with physiatrist. (PEDIATRIC TRAINED SPECIALIST)	Intensive rehabilitation with PT 1-2 sessions per day. (PEDIATRIC TRAINED SPECIALIST)
b. Other (over 13 years of age)	Consultation by PT and/or physiatry or periodic monitoring of skills. (ADULT TRAINED SPECIALIST)	Short term PT 1-2 hours per week with decrease in frequency as mobility skills are mastered. (ADULT TRAINED SPECIALIST)	Long-term PT 1-2 sessions per week. Periodic consultation with physiatrist. (ADULT TRAINED SPECIALIST)	Intensive rehabilitation with PT 1-2 sessions per day. (ADULT TRAINED SPECIALIST)

	LEVEL A	LEVEL B	LEVEL C	LEVEL D
4. Upper Extremity Deficit (to include decreased range of motion, strength, dexterity, or coordination and/or alterations in tactile or proprioceptive sensation) EX: burns, orthopedic conditions, peripheral or CNS nerve involvement or dermatologic connective tissue conditions.				
a. Youth (age 13 & under).	Infrequent PT and/or OT consultation to family, patient, and/or school to maintain and/or improve skills. (PEDIATRIC TRAINED SPECIALIST)	Frequent PT and/or OT 1-2 sessions per week with decrease in frequency expected after approximately 6 months or as skills are mastered. (PEDIATRIC TRAINED SPECIALIST)	Ongoing PT and/or OT 1-2 sessions per week to improve or maintain skills on long term basis. May require consultation to other disciplines. (PEDIATRIC TRAINED SPECIALIST)	Ongoing intensive PT and/or OT, requires therapy greater than two sessions per week with consultation to physiatrist. (PEDIATRIC TRAINED SPECIALIST)
b. Other (over 13 years of age)	Infrequent PT and/or OT consultation to family, patient, and/or school to maintain and/or improve skills. (PEDIATRIC TRAINED SPECIALIST)	Frequent PT and/or OT 1-2 sessions per week with decrease in frequency expected after approximately 6 months or as skills are mastered. (ADULT TRAINED SPECIALIST)	Ongoing PT and/or OT 1-2 sessions per week to improve or maintain skills on long term basis. May require consultation to other disciplines. (ADULT TRAINED SPECIALIST)	Ongoing intensive PT and/or OT, requires therapy greater than two sessions per week with consultation to physiatrist. (ADULT TRAINED SPECIALIST)
5. Activities of Daily Living (includes dressing, bathing, eating, self-care skills, use of communication aids, adaptive skills necessary to function at home, school or work place or pre-vocational training or assessment)				
a. Youth (age 13 & under)	Infrequent consultation by OT to parents, patient, or school. (PEDIATRIC TRAINED SPECIALIST)	Frequent occupational therapy 1-2 sessions per week with decrease expected after 6 months or as skills are mastered. (PEDIATRIC TRAINED SPECIALIST)	Ongoing occupational therapy 1-2 sessions per week as long term plan. (PEDIATRIC TRAINED SPECIALIST)	Ongoing intensive occupational therapy. (greater than 2 sessions per week) (PEDIATRIC TRAINED SPECIALIST)
b. Other (over 13 years of age)	Infrequent consultation by OT to parents, patient, or school. (ADULT TRAINED SPECIALIST)	Frequent occupational therapy 1-2 sessions per week with decrease expected after 6 months or as skills are mastered. (ADULT TRAINED SPECIALIST)	Ongoing occupational therapy 1-2 sessions per week as long term plan. (ADULT TRAINED SPECIALIST)	Ongoing intensive occupational therapy. (greater than 2 sessions per week) (ADULT TRAINED SPECIALIST)
6. Adaptive Equipment				
a. Youth (age 13 & under)	Requires adaptive equipment devices readily available through MTF or local community. PT and OT counseling on use but no individual modification of device is needed. EX: walker, grab bars. (PEDIATRIC TRAINED SPECIALIST)	Requires adaptive equipment not routinely available but can be ordered by staff at MTF. Requires periodic adjustment or individual adaptation. Requires PT, OT, brace shop, orthopedic surgeon and/or physiatrist to monitor progress. EX: resting/protective hand splints, functional and self-care aids requiring individual modification, spinal bracing, ankle-foot orthoses. (PEDIATRIC TRAINED SPECIALIST)	Requires specially designed and fitted equipment with special fabrication skills needed. Provision for close monitoring by physiatrist, orthopedic surgeon, OT, PT, and/or brace shop may be needed. May require OT and PT initially to use equipment. EX: serial splinting, serial casting, knee-ankle-foot orthoses, prosthetics. (PEDIATRIC TRAINED SPECIALIST)	Requires or will require complete evaluation for adaptive equipment by physiatrist, OT, PT and/or orthopedic surgeon. EX: newborn with limb deficiency, ambulatory preteen patient with muscular dystrophy. (PEDIATRIC TRAINED SPECIALIST)

	LEVEL A	LEVEL B	LEVEL C	LEVEL D
b. Other (over 13 years of age)	Requires adaptive equipment devices readily available through MTF or local community. PT and OT counseling on use but no individual modification of device is needed. EX: walker, grab bars. (ADULT TRAINED SPECIALIST)	Requires adaptive equipment not routinely available but can be ordered by staff at MTF. Requires periodic adjustment or individual adaptation. Requires PT, OT, brace shop, orthopedic surgeon and/or physiatrist to monitor progress. EX: resting/protective hand splints, functional and self-care aids requiring individual modification, spinal bracing, ankle-foot orthoses. (ADULT TRAINED SPECIALIST)	Requires specially designed and fitted equipment with special fabrication skills needed. Provision for close monitoring by physiatrist, orthopedic surgeon, OT, PT, and/or brace shop may be needed. May require OT and PT initially to use equipment. EX: serial splinting, serial casting, knee-ankle-foot orthoses, prosthetics. (ADULT TRAINED SPECIALIST)	Requires or will require complete evaluation for adaptive equipment by physiatrist, OT, PT and/or orthopedic surgeon. EX: newborn with limb deficiency, ambulatory preteen patient with muscular dystrophy. (ADULT TRAINED SPECIALIST)

	LEVEL A	LEVEL B	LEVEL C	LEVEL D	LEVEL E
7. Behavioral and Emotional Disorders (including but not limited to anxiety, attention deficit, functional enuresis or encopresis, oppositional and conduct disorders, stereotyped movement disorders, phobic disorders, affective disorders, pervasive developmental disorders, and psychosocial causes for failure-to-thrive or developmental delay)					
a. Youth (age 18 & under)	Primary care physician can manage alone or with occasional consultation to a child guidance team (child psychiatrist, child psychologist, and child and family social worker, with consultation capability to occupational therapy, speech therapy, and developmental pediatrics).	Evaluation and management is needed by a child guidance team for short term therapy with referral back to the primary physician for continued monitoring.	Long term outpatient management by the child guidance team. No hospitalization is anticipated.	Short term inpatient milieu management is anticipated or may be required.	A residential treatment program or long term inpatient care is anticipated or required.
b. Other (over 18 years of age)	Primary care physician can manage alone or with occasional consultation to an adult mental health service.	Evaluation and management is needed by an adult mental health service for short term therapy with referral back to the primary physician for continued monitoring.	Long term outpatient management by an adult mental health service. No hospitalization is anticipated.	Short term inpatient milieu management is anticipated or may be required.	A residential treatment program or long term inpatient care is anticipated or required.

	LEVEL A	LEVEL B	LEVEL C	LEVEL D
8. Drug and Alcohol Use/Abuse/Dependence				
a. Youth (age 18 & under).	Concern or suspicion expressed by family, school, or neighborhood. Requires limited short term consultation with age appropriate psychologist or psychiatrist. (PEDIATRIC TRAINED SPECIALIST)	Confirmed use exists. Requires exam by primary care provider followed by evaluation by age appropriate psychiatrist or psychologist, and three to six months individual and family therapy. (PEDIATRIC TRAINED SPECIALIST)	Serious abuse pattern exists, or dependence. Requires exam by primary care provider, evaluation by age appropriate psychiatrist and consideration of hospitalization for controlled intervention. Must then proceed with several months individual and family therapy. (PEDIATRIC TRAINED SPECIALIST)	Very serious repetitive problems exist, refractory to therapy. Requires consultation with age appropriate psychiatrist and consideration of removal from home and placement in mid to long term residential rehabilitation facility or enrollment in very intense outpatient individual and family community program. (PEDIATRIC TRAINED SPECIALIST)
b. Other (over 18 years of age)	Concern or suspicion expressed by family, school, or neighborhood. Requires limited short term consultation with age appropriate psychologist or psychiatrist. (ADULT TRAINED SPECIALIST)	Confirmed use exists. Requires exam by primary care provider followed by evaluation by age appropriate psychiatrist or psychologist, and three to six months individual and family therapy. (ADULT TRAINED SPECIALIST)	Serious abuse pattern exists, or dependence. Requires exam by primary care provider, evaluation by age appropriate psychiatrist and consideration of hospitalization for controlled intervention. Must then proceed with several months individual and family therapy. (ADULT TRAINED SPECIALIST)	Very serious repetitive problems exist, refractory to therapy. Requires consultation with age appropriate psychiatrist and consideration of removal from home and placement in mid to long term residential rehabilitation facility or enrollment in very intense outpatient individual and family community program. (ADULT TRAINED SPECIALIST)
9. High Risk Newborn (0-18 months)	Follow-up by the neonatologist, general practitioner with special attention to possible developmental problems. Consultation with pediatric physical therapist (PT)* and/or developmental pediatrician at six month intervals	Follow-up by pediatric PT* and developmental pediatrician at regular intervals (every 2-4 months) during the first 18 months of life. Consultation to audiologist/speech language pathologist (SLP) and child resource team as needed.	Follow-up by pediatric PT* and developmental pediatrician at frequent intervals (every month) during the first 18 months of life. Consultation to audiologist/SLP and child resource team as needed.	An abnormality of movement or tone exists. Pediatric PT* is indicated once or twice a week. Follow-up by developmental pediatrician, audiologist, SLP and/or child resource team will be frequent.
10. Delayed Development	Suspicion or at risk for developmental delay. Requires a 3-6 month evaluation by a pediatrician.	Developmental delay has been diagnosed with early cognitive enrichment recommended (public school or community based). Follow-up by pediatrician, pediatric PT/OT, audiologist/SLP and optometrist with annual review by child resource team.	Developmental delay diagnosed. Follow-up by pediatric PT/OT at regular intervals (every four months or less). Child resource team required (every four months or less).	Requires cognitive enrichment and pediatric PT/OT services. Requires integrated program where the PT/OT works with the preschool special education teacher and the parents.
11. Delayed Cognitive Development (over 6 years of age)	Can be followed by primary care physician with occasional consultation to general pediatrician or family practitioner.	Requires frequent follow-up by pediatrician or family practitioner for social, psychological, school and family issues.	Requires primary care by full child resource team.	Requires residential care.

* If pediatric PT is not available, management may be provided by a pediatric OT.

	LEVEL A	LEVEL B	LEVEL C	LEVEL D
12. Sensory-Integration Deficit (deficit in the way sensations are coordinated, filtered, and interpreted in relationship to an individual's need to perceive and act in response to the human and non-human environment)	Requires pediatric OT consultation to the teacher, weekly group OT, or a monitored home program.	Requires individual pediatric OT one-two hours per week	Requires individual pediatric OT greater than two hours per week	
13. Architectural and Environmental Adaptations	Due to decrease in endurance, strength, bilateral coordination or unilateral deficits, requires adaptations such as limited steps, grab bars, adjusted door handles, phone and water fountains at appropriate height, elimination of heavy doors at work, home, and school. EX: those patients with hemiplegia, bilateral upper extremity involvement, decreased endurance secondary to respiratory or cardiac conditions.	Predominantly or completely wheelchair dependent. Must have complete wheelchair access to home, school and work environment.	Requires environmental adaptations for the blind.	Requires environmental adaptations for the deaf.
4. Vision	Requires routine eye examination for glasses and ocular health on an annual basis.	Requires evaluation for low vision aid or medically indicated contact lenses.	Requires 1-2 times per year evaluation for eye tracking, focussing, binocular or developmental vision difficulty by optometrist.	Requires special care for optometric or ophthalmologic needs.
15. Speech/Language Deficit	Initial management by SLP on a weekly basis with therapy likely to be short term.	Requires regular therapy on a weekly basis as long term therapy plan.	Requires a program to facilitate functional communication.	
16. Hearing	Requires continued audiometric monitoring.	Requires evaluation, fitting, habilitation/rehabilitation with hearing aid(s).	Residential program for the deaf.	
17. Learning Problem	An educational diagnostic team (including reading specialist, speech and language specialist, curriculum specialist, school psychologist, school social worker, and special education teacher) is needed for initial evaluation and re-evaluation at a minimum of every three years.	An educational team (including school psychologist, school social worker, and special education teacher) is needed to define special classroom techniques, teaching modifications, and special equipment needs for educational advancement.	An educationally oriented vocational rehabilitation program is needed for a mentally, emotionally and/or physically handicapped individual. This includes both evaluation and program monitoring that may interface with hospital based resources.	In addition to educational diagnostic team, requires child psychiatrist or a medically based clinical psychologist for evaluation/ re-evaluation. This category includes preschool children with complex handicapping conditions, or school aged children or adults who have significant medical or neurological disease, or in whom there is a large emotional component to performance problems at school/home/work.
18. Medical Social Work	Can be managed by primary care provider with occasional referral to social work.	Services of social worker will be necessary on a regular basis.	Intensive social work intervention is likely.	Anticipate involvement with civil authorities (EX: delinquency)
19. Community Health Nurse	Infrequent visits (1 per month or less)	Visits from 1-4 times per month.	More than weekly visits to home, hospital, school, or work place.	

	LEVEL A	LEVEL B	LEVEL C	LEVEL D
20. Secondary Functional Disabilities (secondary to other chronic medical conditions such as asthma, diabetes, cystic fibrosis, juvenile rheumatoid arthritis, heart disease, etc.) <u>Use this category for disabilities not covered previously.</u>	Can be managed by a primary care provider.	Requires close proximity to a community hospital.	Requires care of specialists normally found at medical centers.	Requires frequent use of resources of a major medical center.

- Levels of Home or Near Home Special Care Health-Related Service Assistance

Respite Care

- | | |
|---------------------------------|---|
| a. Youth (age 18 & under) | A program which locates and pays for trained "respite workers" who can competently care for a handicapped patient so that the family can have a few hours or days break in caring for the patient. Respite care may take place in the home of the patient or in the home of the respite worker. |
| b. Other (over 18 years of age) | |

Day Care

- | | |
|---------------------------------|--|
| a. Youth (age 13 & under) | Sometimes also known as day treatment, a program whereby a patient can spend his/her days in a supervised environment and return to his/her own home at night. Often some medical, physical, or occupational treatment or counseling is available. |
| b. Other (over 13 years of age) | |

Sheltered Workshop

- | | |
|---------------------------------|---|
| a. Youth (age 18 & under) | A program which provides supervised jobs for handicapped individuals. |
| b. Other (over 18 years of age) | |

Group Home

- | | |
|---------------------------------|--|
| a. Youth (age 18 & under) | A day and night facility for patients with similar disabilities. |
| b. Other (over 18 years of age) | |

Homemaker Assistance

A program in which a trained homemaker comes to the client's home and teaches and assists in menu preparation, shopping, housekeeping, cooking, laundry, etc.

APPLICATION FOR RESPITE CAREGIVERS

(For use of this form, see AR 600-75; the proponent agency is DCSPER.)

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 5, United States Code, Section 301
PRINCIPAL PURPOSE: To recruit and select respite care givers.
ROUTINE USES: To determine the prospective respite care givers ability to care for handicapped individuals.
DISCLOSURE: Providing information is voluntary. Failure to provide information will result in disapproval of prospective respite caregiver's application.

NAME		BIRTHDATE
MAIDEN NAME (Applicant or spouse)	SPOUSE'S NAME	
ADDRESS (Street, city and state) (Include ZIP Code)	TELEPHONE NO. HOME: OFFICE:	SOCIAL SECURITY NO.

BRIEFLY DESCRIBE BACKGROUND, INTEREST, AND/OR EXPERIENCE WORKING WITH HANDICAPPED CHILDREN OR ADULTS.

AVAILABILITY FOR PROVIDING CARE

DAYS ☐ YES ☐ NO
EVENINGS ☐ YES ☐ NO
WEEKENDS ☐ YES ☐ NO
OVERNIGHT WEEKDAYS ☐ YES ☐ NO
OVERNIGHT WEEKENDS ☐ YES ☐ NO

WILL PROVIDE CARE

☐ IN HOME OF CLIENT ☐ IN MY OWN HOME ☐ NO PREFERENCE

DO YOU HAVE OWN TRANSPORTATION

☐ YES ☐ NO

AGE GROUP PREFERENCE**EDUCATION** (High school, college, graduate studies, other)

NAME AND ADDRESS OF SCHOOL	DATES ATTENDED	MAJOR	DEGREE

EMPLOYMENT (Present, and last three years)

NAME AND ADDRESS OF EMPLOYER	DATES EMPLOYED	POSITION

REFERENCES (List three, other than relative. Example: Pastor, supervisor, co-worker)

NAME AND ADDRESS (Give complete mailing address) (Include ZIP Code)	OCCUPATION

I hereby certify that all statements in this application are true to the best of my knowledge and belief.

SIGNATURE	DATE
-----------	------

**MEDICAL REPORT ON APPLICANT FOR CERTIFICATION TO PROVIDE
CARE FOR HANDICAPPED CHILDREN OR ADULTS**

For use of this form, see AR 600-75; the proponent agency is DCSPER.

NAME

DATE

FOR EXAMINING PHYSICIAN

Application is being made to obtain certification to care for handicapped children or adults in their homes. We need to know if applicant has any health problems and the extent and significance of such problems insofar as they may affect applicant's ability to provide care to unrelated children or adults. This information is for confidential use.

CHECK APPROPRIATE BOXES AND EXPLAIN "NO" ANSWERS IN SPACE BELOW

1. IS THE APPLICANT FREE FROM ACUTE OR CHRONIC DISEASE THAT MIGHT AFFECT THE HEALTH OR DEVELOPMENT OF CHILDREN OR ADULTS UNDER CARE? ☐ YES ☐ NO

2. IN YOUR OPINION, IS THE APPLICANT FREE FROM ANY NERVOUS OR EMOTIONAL DISORDER THAT WOULD AFFECT THE WELL BEING OF THE INDIVIDUALS CARED FOR? ☐ YES ☐ NO

3. DO YOU BELIEVE THE APPLICANT IS PHYSICALLY AND EMOTIONALLY CAPABLE OF CARING FOR MENTALLY RETARDED AND/OR PHYSICALLY HANDICAPPED CHILDREN AND ADULTS? ☐ YES ☐ NO

A CHEST X-RAY OR TUBERCULIN TEST IS REQUIRED. IF EITHER TEST HAS BEEN DONE THROUGH YOUR OFFICE WITHIN THE LAST THREE MONTHS WOULD YOU INDICATE THE DATE GIVEN AND RESULT (POSITIVE, OR NEGATIVE)

CHEST X-RAY

TUBERCULIN TEST

DATE:

RESULT:

DATE:

RESULT:

TYPED NAME AND ADDRESS OF PHYSICIAN

SIGNATURE

PERMISSION FOR RELEASE OF MEDICAL INFORMATION

I agree to the release of medical information to the ACS Respite Care Program.

SIGNATURE (Applicant)

DATE

APPLICATION FOR RESPITE CARE FOR HANDICAPPED CHILDREN AND ADULTS

For use of this form, see AR 600-78; the proponent agency is DCSPER.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, United States Code, Section 301.

PRINCIPAL PURPOSE: To identify specific handicap of individual requiring respite care.

ROUTINE USES: To identify specific problems that handicapped individual is experiencing and to determine type of care needed.

DISCLOSURE: Providing information is voluntary. Failure to provide information will result in disapproval of prospective respite care user's application.

IDENTIFYING AND RESOURCE INFORMATION

NAME (Handicapped person) (Last, first, MI)		NAME (Parent, guardian, or responsible family member)	
BIRTHDATE	ADDRESS (Include ZIP Code)	TELEPHONE NUMBERS	
		HOME	FATHER (work)
		MOTHER (work)	
EMERGENCY CONTACT (Relative, friend, etc.) (Name, address and telephone number)			

IF THIS EMERGENCY CONTACT IS NOT AVAILABLE TO SUBSTITUTE FOR THE CAREGIVER IN AN EMERGENCY, PLEASE GIVE THE NAME, ADDRESS AND TELEPHONE NUMBER OF A PERSON WHO HAS AGREED TO BE AVAILABLE AND TO ACCEPT RESPONSIBILITY FOR THE HANDICAPPED PERSON IN THE EVENT YOU CANNOT BE REACHED.

LIST OTHER HOUSEHOLD MEMBERS

NAME	BIRTHDATE

PHYSICIAN (Name, address and telephone no.)	DENTIST (Name, address and telephone no.)
PREFERRED HOSPITAL (Name and address)	REGULAR PROGRAM ATTENDED BY INDIVIDUAL (School, sheltered work, etc.)

DESCRIPTIVE INFORMATION (Handicapped individual)

DESCRIBE INDIVIDUAL'S HANDICAPPING CONDITION(S)

DESCRIBE ANY CHRONIC MEDICAL PROBLEMS A CAREGIVER SHOULD BE AWARE OF

LIST ANY ALLERGIES

IS THERE A HISTORY OF SEIZURES (If yes, what kind and how often)

DESCRIBE ANY SPECIAL EQUIPMENT THE INDIVIDUAL USES (Braces, wheelchair, etc.)

INDIVIDUAL'S HEIGHT

WEIGHT

INDICATE THE EXTENT TO WHICH THE INDIVIDUAL CAN DO ANY OF THE FOLLOWING

USE TOILET

STAND

TRANSFER INDEPENDENTLY

WALK

TALK

FEED SELF

CLIMB STAIRS

BATHE SELF

DRINK FROM A GLASS

SIT UP ALONE

DRESS SELF

UNDERSTAND WORDS

INSTRUCTIONS FOR CARE AND/OR SUPERVISION

LIST ANY MEDICATION GIVEN REGULARLY AND THE PURPOSE FOR WHICH IT IS USED

DESCRIBE SPECIAL INSTRUCTIONS FOR HANDLING SPECIFIC MEDICAL CONDITIONS (Seizures, allergies, etc.)

DESCRIBE SPECIAL INSTRUCTIONS FOR HANDLING BODILY FUNCTIONS (Toileting, transferring, mobility, feeding, etc.)

DESCRIBE WHEN AND HOW SPECIAL EQUIPMENT IS USED

DESCRIBE SPECIAL DIET REQUIREMENTS AND MEALTIME INSTRUCTIONS

DESCRIBE SLEEPING HABITS AND BEDTIME INSTRUCTIONS

DESCRIBE SPECIAL BEHAVIORAL PROBLEMS AND METHOD OF HANDLING

DESCRIBE THE EXTENT OF SUPERVISION THE INDIVIDUAL NEEDS

DESCRIBE FAVORITE RECREATIONAL ACTIVITIES

LIST ANY OTHER INSTRUCTIONS OR COMMENTS NOT DESCRIBED ABOVE

PREFERENCE FOR LOCATION OF RESPITE CARE

INDICATE WHICH OF THE FOLLOWING LOCATIONS YOU PREFER FOR RESPITE CARE IF A CHOICE IS AVAILABLE

☐ YOUR HOME

☐ HOME OF THE CAREGIVER

☐ NO PREFERENCE

CLINICIAN'S INFORMATION

For use of this form, see AR 600-75; the proponent agency is DCSP&R.

PERMISSION FOR RELEASE OF MEDICAL INFORMATION

I agree to the release of medical information to the ACS Respite Care Program.

(Date)

(Signature of Patient or responsible parent)

FOR CLINICIAN

Application is being made to the ACS Respite Care Program to receive respite care services. Respite care is temporary relief care given by caregivers, trained and certified by ACS to help handicapped children and adults, many of whom are developmentally disabled in order to provide a respite period for family members responsible for their regular care. Respite care can vary in length from a few hours to a week or more. The program provides two levels of respite care: supervision only and personal care.

We need to know, therefore, the level of care the applicant requires and any relevant information about medical conditions and special care instructions. Would you please provide the answers to the questions on this form and give explanations when indicated. This information is for confidential use.

NAME (PATIENT)

BIRTHDATE

ADDRESS

IF APPLICANT REQUIRES ANY PERSONAL CARE, EXPLAIN HOW CARE IS NEEDED.

BATHING

SKIN AND HAIR CARE

SHAVING

FEEDING

TRANSFERRING

LIFTING

ASSISTIVE DEVICES

TOILETING

ADMINISTRATION OF MEDICATION

EXERCISING

MONITORING OF BODY FUNCTIONS

OTHER

IF APPLICANT REQUIRES SUPERVISION WHEN PERFORMING CERTAIN FUNCTION FOR HIMSELF/HERSELF, EXPLAIN SUPERVISION NEEDED.

BATHING AND BODY CARE

TOILETING

MOBILITY

USE OF MEDICATIONS

USE OF ASSISTIVE DEVICES

MENTAL FUNCTIONS *(Including capacity for sound judgment)*

NUTRITIONAL NEEDS

OTHER

IF THERE IS ANY RELEVANT INFORMATION NOT DESCRIBED ABOVE THAT THE CAREGIVER SHOULD BE AWARE OF, PLEASE EXPLAIN.

MEDICAL CONDITIONS

MEDICATIONS

SPECIAL DIETS

SPECIAL CARE

OTHER

PHYSICIAN *(Name, address and telephone number) (Type or print)*

DATE

SIGNATURE

INFORMATION ON HANDICAPPED INDIVIDUAL

For use of this form, see AR 600-76; the proponent agency is DCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, USC, Section 551.
PRINCIPAL PURPOSE: To identify specific needs of handicapped individual requiring respite care.
ROUTINE USES: To provide information regarding handicapped individual to caregiver.
DISCLOSURE: Providing information is voluntary. Failure to provide information will result in disapproval of prospective respite care user's application.

NAME (Handicapped Person) (Last, First, MI)	NAME (Parent, or person completing this form)
ADDRESS (Include ZIP Code)	TELEPHONE NUMBERS HOME FATHER (work) MOTHER (work)

NAMES AND AGES OF CHILDREN IN HOME		AGE OF HANDICAPPED
NAME	AGE	

WEIGHT

PERSONS TO CONTACT IN CASE OF AN EMERGENCY	
NAME, ADDRESS AND TELEPHONE NUMBER	NAME, ADDRESS AND TELEPHONE NUMBER

GIVE BRIEF DESCRIPTION OF INDIVIDUAL'S HANDICAPPING CONDITION(S)

IS SPECIAL EQUIPMENT USED (Braces, wheelchairs, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SPECIAL EQUIPMENT IS USED, WHEN AND HOW USED
---	---

DOES INDIVIDUAL (Check appropriate boxes)

STAND ☐ YES ☐ NO BATHE SELF ☐ YES ☐ NO WALK ☐ YES ☐ NO
SIT UP ALONE ☐ YES ☐ NO DRINK FROM A GLASS ☐ YES ☐ NO
FEED SELF ☐ YES ☐ NO TALK ☐ YES ☐ NO UNDERSTAND WORDS ☐ YES ☐ NO

MEALTIME (Please describe your typical menu for a full day)		
BREAKFAST	LUNCH	DINNER

SPECIAL MEALTIME OR DIET INSTRUCTIONS

SNACKS (List, if any)

BEDTIME	
WHEN DOES HE/SHE GO TO BED	WHEN DOES HE/SHE TAKE NAPS

SLEEPING OR BEDTIME HABITS CAREGIVER SHOULD KNOW ABOUT

DAILY ACTIVITIES

DESCRIBE A TYPICAL DAY'S SCHEDULE

PROGRAM (If in a regular program, list name, i.e. school, work, etc. and address)

TELEPHONE NO.	TRANSPORTATION PICK-UP TIME	RETURN TIME	DAYS AND TIME (List days of the week and times of program)

FAVORITE RECREATIONAL OR PLAY ACTIVITIES

MEDICAL INFORMATION

LIST ALL MEDICATION GIVEN REGULARLY

LIST ANY ALLERGIES

IS THERE A HISTORY OF SEIZURES (If yes, what kind and how often do they occur)

☐ YES ☐ NO

WHAT DO YOU DO WHEN SEIZURES OCCUR

LIST ANY CHRONIC MEDICAL PROBLEMS OR INSTRUCTIONS THE CAREGIVER SHOULD BE AWARE OF

PHYSICIAN (Name and telephone no.)

DENTIST (Name and telephone no.)

PREFERRED HOSPITAL (Name and Address)

HOSPITAL INSURANCE (Name of company)

SPECIAL INSTRUCTIONS FOR OTHER FAMILY MEMBERS IN CAREGIVER'S CHARGE

IMPORTANT: (BE SURE TO PROVIDE THIS INFORMATION FOR THE CAREGIVER EACH TIME YOU GO OUT)

I/WE CAN BE REACHED AT THE FOLLOWING

LOCATION	DATE AND TIME	TELEPHONE NO.

It is very important that the caregiver have your permission to seek medical help if needed. Please update or rewrite the permission form each time a new caregiver is in charge.

(Caregiver's name)

is in full charge of _____

during my absence. I give the caregiver permission to request or approve any medical attention needed by the above named individual(s), and to administer medications according to my written instructions. He/she will not be held responsible or liable in any way for any accident or illness that may occur.

(Date)

(Signature of Parent or Guardian)

ARMY EXCEPTIONAL FAMILY MEMBER PROGRAM EDUCATIONAL QUESTIONNAIRE

For use of this form, see AR 600-75; the proponent agency is DCSPER.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

(5 U.S.C. 552a)

- AUTHORITY:** PL 94-142 (*Education for All Handicapped Children Act of 1975*); PL 95-561 (*Defense Dependents' Education Act of 1978*); DODI 1342-12 (*Education of Handicapped Children in DODDS*), 17 December 1981; DODI 1010.13 (*Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DOD Dependents Schools Outside the United States*), 28 August 1986, 10 USC 3013; 20 USC 921-932 and 1401 et seq.
- PRINCIPAL PURPOSE:** To obtain information needed to evaluate and document the special education needs of: (1) Family members of all soldiers and (2) Dependent children of Department of the Army civilian employees processing for an assignment to a location outside the United States where dependent travel is authorized at Government expense.
- ROUTINE USES:**
- (1) Information will be used by personnel of the military departments to evaluate and document the special education needs of family members. This information will enable--
 - (a) Military assignment personnel to match the needs of family members against the availability of special education services.
 - (b) Civilian personnel offices to determine the availability of special education services to meet the needs of dependent children of Department of the Army civilian employees.
 - (2) Information will be used by Army Community Service in its Exceptional Family Member Outreach Program.
- DISCLOSURE:**
- The provision of requested information is mandatory. Failure to respond will preclude--
- (1) U.S. Total Army Personnel Command from enrolling soldiers in the Exceptional Family Member Program (EFMP). Soldiers who knowingly refuse to enroll exceptional family members will receive, at a minimum, a general officer letter of reprimand.
 - (2) Civilian personnel offices from performing required EFMP aspects of overseas processing of Department of the Army civilian employees with dependent children with special needs.
- Department of the Army civilian employees who refuse to provide information will be denied the privilege of having their dependent children transported to the duty assignment outside the United States at Government expense. For soldiers, refusal to provide information may preclude successful processing of an application for family travel/command sponsorship.

PART A - EDUCATION

1. TO:

Personnel of the military departments are evaluating the special education and medical needs of children prior to transfer of families. This is especially crucial prior to transfers out of the United States. Because my family and child may be affected by this policy, I am asking for your cooperation in filling out this form.

My child, _____, is a student in your school district attending _____ School.

He or she may be eligible for services under PL 94-142.

Please complete items 12 through 23 on the attached pages. The information obtained will be considered as a "focus of concern" to the receiving school district.

Forward the:

- a. Completed educational questionnaire.
- b. Copy of the current IEP if applicable.
- c. Copies of current therapy or psychological evaluation to:

_____ using the attached addressed envelope.

This information is needed by (Year/Month/Date) _____.

THANK YOU FOR YOUR HELP IN THIS IMPORTANT MATTER

Release of Information

I permit my child's school and (hospital)

_____ to fully share all relevant information regarding my child named above.

2. DATE

3. SIGNATURE OF PARENT

PART B - SPECIAL EDUCATION REQUIREMENTS OF EXCEPTIONAL FAMILY MEMBERS

4. STUDENT NAME	5. SOCIAL SECURITY NUMBER OF STUDENT
6. NAME OF SPONSOR	7. SPONSOR'S SOCIAL SECURITY NUMBER
8. SPONSOR'S BRANCH	9. SPONSOR'S ADDRESS
10. BIRTH DATE OF STUDENT (year/month/date)	11. NAME AND ADDRESS OF SCHOOL CHILD IS PRESENTLY ATTENDING

CHECK EITHER ITEM 12 OR 13

12 ☐ SPECIAL EDUCATION REQUIREMENT IS NOT APPLICABLE (Do not fill out the remainder of the form.)

13 ☐ THIS CHILD HAS BEEN ASSESSED AND DOES QUALIFY FOR SERVICES UNDER PUBLIC LAW 94-142 (If this item is checked, please fill out remainder of this form.)

CHECK EACH OF THE APPLICABLE CATEGORIES AND FUNCTIONALLY HANDICAPPING CONDITIONS IN ITEM 14 THROUGH 17

14. ☐ A STUDENTS WHOSE EDUCATIONAL PERFORMANCE IS ADVERSELY AFFECTED BY A PHYSICAL IMPAIRMENT THAT REQUIRE ENVIRONMENTAL AND/OR ACADEMIC MODIFICATIONS

- | | | | |
|--|---------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> 1 DEAF | <input type="checkbox"/> 2 DEAF-BLIND | <input type="checkbox"/> 3 HARD OF HEARING | <input type="checkbox"/> 4 AUTISTIC |
| <input type="checkbox"/> 5 ORTHOPEDICALLY IMPAIRED | <input type="checkbox"/> 6 BLIND | <input type="checkbox"/> 7 VISUALLY HANDICAPPED | |
| <input type="checkbox"/> 8 OTHER HEALTH IMPAIRED | | | |

15. ☐ B STUDENTS WHO MANIFEST A PSYCHOEMOTIONAL STATE THAT IS THE PRIMARY CAUSE OF ACADEMIC AND SOCIAL DIFFICULTIES
☐ SERIOUSLY EMOTIONALLY DISTURBED

16. ☐ C STUDENTS WHOSE EDUCATIONAL PERFORMANCE IS ADVERSELY AFFECTED BY SPEECH AND LANGUAGE DIFFICULTIES

- | | | |
|--|--|--|
| <input type="checkbox"/> 1 VOICE PRODUCTION DISORDER | <input type="checkbox"/> 2 DYSLUENCY | <input type="checkbox"/> 3 MISARTICULATION |
| <input type="checkbox"/> 4 RECEPTIVE LANGUAGE DELAY | <input type="checkbox"/> 5 EXPRESSIVE LANGUAGE DELAY | |

17. ☐ D STUDENTS WHOSE MEASURED ACADEMIC ACHIEVEMENT IN MATH, READING, OR LANGUAGE IS ADVERSELY AFFECTED BY UNDERLYING HANDICAPPING CONDITIONS INCLUDING INTELLECTUAL DEFICIT AND/OR INFORMATION PROCESSING DEFICIT AND/OR DEVELOPMENTAL ADAPTIVE BEHAVIOR DEFICIT (Criteria D does not include students whose learning problems are due primarily to visual, auditory or motor handicaps, emotional disturbance, environmental deprivation or English as a second language.)

- | | |
|---|---|
| <input type="checkbox"/> 1 GENERIC, MILD EDUCATIONAL IMPAIRMENT | <input type="checkbox"/> 2 MENTALLY RETARDED (mild) |
| <input type="checkbox"/> 3 MENTALLY RETARDED (moderate, severe) | <input type="checkbox"/> 4 SPECIFIC LEARNING DISABILITY |

A STUDENT WHO IS MULTIHANDICAPPED OR IS PRESCHOOL HANDICAPPED SHOULD BE IDENTIFIED IN EACH OF THE APPLICABLE HANDICAPPING AREAS ABOVE

CHECK AS APPROPRIATE FOR ITEMS 18 THROUGH 21

18. GRADE LEVEL (Chronological age appropriate)

- | | | | | | | |
|--------------------------------------|---------------------------------------|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> PRESCHOOL | <input type="checkbox"/> KINDERGARTEN | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 | <input type="checkbox"/> 11 | <input type="checkbox"/> 12 |
| <input type="checkbox"/> BEYOND HIGH | | | | | | |

19. SPECIAL REQUIREMENTS

- | | |
|--|---|
| <input type="checkbox"/> a. LARGE PRINT | <input type="checkbox"/> b. OPTICAL AIDE (magnification devices, projective devices) |
| <input type="checkbox"/> c. REQUIRES BRAILLE INSTRUCTION | <input type="checkbox"/> d. IS BRAILLE PROFICIENT |
| <input type="checkbox"/> e. REQUIRES BRAILLE MATERIAL | |
| <input type="checkbox"/> f. TALKING BOOKS | <input type="checkbox"/> g. REQUIRES ONGOING MOBILITY TRAINING |
| <input type="checkbox"/> h. ONLY REQUIRES SUPPORT FOR INDEPENDENCE (seeing-eye dog, cane, direction ability) | |
| <input type="checkbox"/> i. AMPLIFICATION (hearing aid, phonic ear) | <input type="checkbox"/> j. SPEECH AND LANGUAGE TRAINING FOR HEARING IMPAIRMENT OR DEAFNESS |
| <input type="checkbox"/> k. TOTAL COMMUNICATION | <input type="checkbox"/> l. ORAL COMMUNICATION |
| <input type="checkbox"/> m. ENVIRONMENTAL ADAPTION (Ambulation or sitting, such as wheelchair) | |
| <input type="checkbox"/> n. NON-ORAL COMMUNICATION (Communications board, computer) | <input type="checkbox"/> o. SIGNING |

SPECIAL REQUIREMENTS (Continued)

- ☐ d. ALTERNATIVES TO GRAPHOMOTOR PRODUCTIONS (tape recorder, typewriter, computer, oral exams, etc.)
- ☐ e. SPECIAL ADAPTIONS FOR FATIGUE, ENDURANCE, STRENGTH OR PAIN

20. DOES THE STUDENT REQUIRE RELATED SERVICES? ☐ YES ☐ No. If so, which ones?

- ☐ a. OCCUPATIONAL THERAPY ☐ b. PHYSICAL THERAPY ☐ c. AUDIOLOGY
- ☐ d. COUNSELING ☐ e. PSYCHOLOGICAL SERVICES (diagnostic) ☐ f. PSYCHOLOGICAL SERVICES (therapeutic)
- ☐ g. ADAPTIVE PHYSICAL EDUCATION ☐ h. RECREATIONAL SERVICES ☐ i. VOCATIONAL EDUCATION
- ☐ j. COOPERATIVE WORK STUDY (job training, sheltered workshop) ☐ k. SPEECH THERAPY
- ☐ l. SPECIAL TRANSPORTATION (special adaption for safety, ambulatory or health needs)

21. TYPES OF PLACEMENT

- ☐ a. REGULAR CLASS PLACEMENT WITH MODIFICATIONS
- ☐ b. SPECIAL EDUCATION RESOURCE CLASS 10-20% OF THE SCHOOL DAY
- ☐ c. SPECIAL EDUCATION PART-TIME CLASS 20-50% OF THE SCHOOL DAY ☐ d. SPECIAL EDUCATION CLASS 50-100% OF THE SCHOOL DAY
- ☐ e. PLACEMENT IN A SPECIAL DAY SCHOOL ☐ f. EDUCATIONAL INSTRUCTION PROVIDED IN A HOSPITAL OR AT HOME
- ☐ g. PLACEMENT IN A RESIDENTIAL INSTITUTION ☐ h. PLACEMENT IN AN EARLY CHILDHOOD PRESCHOOL PROGRAM

22. PLEASE INDICATE ANY OTHER SPECIAL REQUIREMENTS OF THE STUDENT.

23. ☐ YES ☐ NO. THIS CHILD IS ONE OF THE EXCEPTIONAL FEW FOR WHOM A MOVE OUT OF HIS OR HER CURRENT EDUCATIONAL SETTING WOULD BE EXTREMELY DETRIMENTAL.

AUTHORIZATION FROM SCHOOL

SIGNATURE OF SCHOOL OFFICIAL FILLING OUT FORM

DATE (Year/month/day)

PART C - DEFINITIONS

24. SPECIAL DAY - a State or private day school for children with a homogeneous need such as deaf, blind, deaf-blind, seriously emotionally disturbed, other health impaired, autistic or multiple handicapped.

25. Residential or institutional - a facility that provides 24-hour care usually including a medical support need.

26. PRESCHOOL HANDICAPPED - YOUNGSTERS BETWEEN THE AGES OF 3 AND 5 WITH HANDICAPS AND/OR SIGNIFICANT DEVELOPMENTAL DELAYS WHO ARE ENTITLED TO RECEIVE SPECIAL EDUCATIONAL AND/OR RELATED SERVICES THROUGH THE NON-CATEGORICAL PRESCHOOL PROGRAMS FOR EXCEPTIONAL CHILDREN. CHILDREN WHOSE 3RD OR 5TH BIRTHDAY FALLS BEFORE DECEMBER 31 MEET THE AGE REQUIREMENT FOR FALL ENROLLMENT. THE DEVELOPMENTAL DELAYS AND/OR HANDICAPPING CONDITIONS MAY OCCUR IN ONE OR MORE OF THE FOLLOWING AREAS:

- a. GROSS MOTOR b. FINE MOTOR c. PERCEPTUAL DEVELOPMENT d. LANGUAGE/SPEECH
- e. COGNITIVE DEVELOPMENT f. SOCIAL/EMOTIONAL g. SENSORY IMPAIRMENT h. PHYSICAL HANDICAP

27. INFANT STIMULATION - CHILDREN BETWEEN THE AGES OF BIRTH TO 3 WITH IDENTIFIABLE HANDICAPS AND/OR SIGNIFICANT DEVELOPMENTAL DELAYS WHO REQUIRE MEDICAL, PHYSICAL AND/OR EDUCATIONAL INTERVENTION PRIOR TO THE PRESCHOOL PROGRAM. THESE CHILDREN ARE IDENTIFIED AS REQUIRING INTERVENTION IN THE EIGHT GENERAL AREAS LISTED ABOVE FOR THE PRESCHOOL HANDICAPPED.

EXCEPTIONAL FAMILY MEMBER PROGRAM CODING SUMMARY

For use of this form, see AR 800-75, the proposal agency is DCSPER

PART A - PERSONAL DATA

1. FAMILY MEMBER'S NAME AND FAMILY MEMBER'S PREFIX

2a. SPONSOR'S NAME

2b. SPONSOR'S SSN

PART B - MEDICAL

3. DIAGNOSES

a.

b.

c.

d.

e.

4. HEALTH RELATED SERVICE REQUIRED

- | | |
|--|--|
| <input type="checkbox"/> HIGH RISK NEWBORN | <input type="checkbox"/> DELAYED DEVELOPMENT |
| <input type="checkbox"/> DELAYED COGNITIVE DEVELOPMENT | <input type="checkbox"/> ORAL MOTOR DEFICIT |
| <input type="checkbox"/> COMPROMISED RESPIRATORY FUNCTION | <input type="checkbox"/> RESTRICTED MOBILITY |
| <input type="checkbox"/> SENSORY INTEGRATION DEFICIT | <input type="checkbox"/> UPPER EXTREMITY DEFICIT |
| <input type="checkbox"/> ACTIVITIES OF DAILY LIVING | <input type="checkbox"/> ADAPTIVE EQUIPMENT |
| <input type="checkbox"/> ARCHITECTURAL AND ENVIRONMENTAL ADAPTATIONS | <input type="checkbox"/> VISION |
| <input type="checkbox"/> SPEECH/LANGUAGE DEFICIT | <input type="checkbox"/> HEARING |
| <input type="checkbox"/> BEHAVIORAL AND EMOTIONAL DISORDERS | <input type="checkbox"/> LEARNING PROBLEM |
| <input type="checkbox"/> DRUG AND ALCOHOL USE/ABUSE/DEPENDENCE | <input type="checkbox"/> MEDICAL SOCIAL WORK |
| <input type="checkbox"/> COMMUNITY HEALTH NURSE | <input type="checkbox"/> SECONDARY FUNCTIONAL DISABILITIES |

5. PHYSICIANS NEEDED AT MEDICAL TREATMENT FACILITY

PART C - EDUCATION

6. EDUCATIONAL DIAGNOSIS (DoDDS Terminology) (Check appropriate space)

- | | |
|---|--|
| <input type="checkbox"/> REGULAR EDUCATION | <input type="checkbox"/> PHYSICAL IMPAIRMENT |
| <input type="checkbox"/> COMMUNICATION IMPAIRMENT | <input type="checkbox"/> LEARNING IMPAIRMENT |
| <input type="checkbox"/> EMOTIONAL IMPAIRMENT | |

7. PRESENT EDUCATIONAL PLACEMENT (Check appropriate space)

- | | |
|---|--|
| <input type="checkbox"/> 21 - 50% SPECIAL EDUCATION | <input type="checkbox"/> 50 - 100% SPECIAL EDUCATION |
| <input type="checkbox"/> EARLY CHILDHOOD (3-5 Yr) | <input type="checkbox"/> INFANT EDUCATION (0-3 Yr) |
| <input type="checkbox"/> RESIDENTIAL | |

PART D - SERVICES

8. MEDICALLY RELATED SERVICE WHICH MAY BE NEEDED (Check appropriate space)

- | | |
|--|--|
| <input type="checkbox"/> MEDICAL DIAGNOSIS AND FOLLOWUP | <input type="checkbox"/> PHYSICAL THERAPY |
| <input type="checkbox"/> PSYCHIATRIC/PSYCHOLOGICAL
DIAGNOSIS AND FOLLOWUP | <input type="checkbox"/> AUDIOLOGY |
| <input type="checkbox"/> OCCUPATIONAL THERAPY | <input type="checkbox"/> SPEECH/LANGUAGE THERAPY |

PART E - CODING

9a. CODED AT

9b. MEDICAL TREATMENT FACILITY BRMP POINT OF CONTACT

10a. DATE CODED

10b. SUSPENSE DATE TO RE-ENROLL

RESPIRE CARE AGREEMENT

For use of this form, see AR 600 75; the proponent agency is DCSPE R.

As a condition of receiving respite care services for the handicapped individual in my/our care, I/we agree to the following:

I/we shall not hold the _____ responsible or liable in any way whatsoever as a result of any incident which might be construed to affect adversely the health, safety, or welfare of the handicapped person or other member of the same household in the caregiver's charge, while he or she is cared for by a respite caregiver.

I/we shall provide the Respite Care Coordinator and caregivers of the Respite Care Program with all the necessary facts to enable the handicapped individual to be cared for in a healthful, safe, and responsive manner including:

Clear, written instructions on medical care and the giving of medication.

Where I/we can be reached while the handicapped individual is in the caregiver's charge, and the names and telephone numbers of an emergency contact and physician.

Clear, written descriptions of the special needs, capabilities, likes and dislikes, important habits, etc., of the handicapped individual.

I/we shall make the final decisions whether or not to utilize the services of a particular caregiver for the respite period.

I/we shall inform the Respite Care Coordinator of other household members who will also need care or supervision in my/own absence, and of any special household circumstances about which a caregiver would need to be aware.

I/we shall pay the contribution agreed upon directly to the caregiver in cash, upon completion of the respite period.

The Respite Care Coordinator shall have my/our permission to arrange for an alternate caregiver for our handicapped family member, if he/she is unable to contact us (*or the person designated by us as responsible in our absence*) to inform us that the caregiver initially providing care is unable to complete the respite period.

I/we shall provide on request to the Respite Care Coordinator my/our assessment of the performance of a caregiver who has provided a respite care service to me/us in order to assist him/her in evaluating the overall performance of that caregiver and/or the program.

SIGNATURE OF PARENT, GUARDIAN, OR RESPONSIBLE FAMILY MEMBER

DATE

SIGNATURE OF RESPIRE CARE COORDINATOR

DATE

ARMY EXCEPTIONAL FAMILY MEMBER PROGRAM FUNCTIONAL MEDICAL SUMMARY

For use of this form, see AR 600-75; the proponent agency is DCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

(5 U.S.C. 552a)

AUTHORITY

PL 94-142 (Education for All Handicapped Children Act of 1975); PL 95-561 (Defense Dependents' Education Act of 1978); DODI 1342-12 (Education of Handicapped Children in DODDS), 17 December 1981; DODI 1010.13 (Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DOD Dependents Schools Outside the United States), 28 August 1986, 10 USC 3013; 20 USC 921-932 and 1401 et seq.

PRINCIPAL PURPOSE:

To obtain information needed to evaluate and document the special education and medical needs of: (1) Family members of all soldiers and (2) Dependent children of Department of the Army civilian employees processing for an assignment to a location outside the United States where dependent travel is authorized at Government expense.

ROUTINE USES:

- (1) Information will be used by personnel of the military departments to evaluate and document the special education and medical needs of family members. This information will enable--
 - (a) Military assignment personnel to match the needs of family members against the availability of special education and medical services.
 - (b) Civilian personnel offices to determine the availability of special education and medically related services to meet the needs of dependent children of Department of the Army civilian employees.
- (2) Information will be used by Army Community Service in its Exceptional Family Member Outreach Program.

DISCLOSURE:

The provision of requested information is mandatory. Failure to respond will preclude--

- (1) U.S. Total Army Personnel Command from enrolling soldiers in the Exceptional Family Member Program (EFMP). Soldiers who knowingly refuse to enroll exceptional family members will receive, at a minimum, a general officer letter of reprimand.
 - (2) Civilian personnel offices from performing required EFMP aspects of overseas processing of Department of the Army civilian employees with dependent children with special needs.
- Department of the Army civilian employees who refuse to provide information will be denied the privilege of having their dependent children transported to the duty assignment outside the United States at Government expense. For soldiers, refusal to provide information may preclude successful processing of an application for family travel/command sponsorship.

PART A - RELEASE OF INFORMATION

1. I release the information on this summary and in the attached reports to personnel of the military departments for the purpose of evaluating and documenting my family member's need for special education and medical services (and for military personnel recommendations for my next assignment).

2. SIGNATURE OF SPONSOR OR SPONSOR'S SPOUSE

3. DATE

PART B - GENERAL INFORMATION

4. SPONSOR'S NAME (Last, first, MI)

5. SPONSOR'S RANK/GRADE

6. SPONSOR'S BRANCH

7. SPONSOR'S MOS

8. SPONSOR'S OCCUPATION

9. SPONSOR'S SSN

10. SPONSOR'S ADDRESS

a. HOME

11. SPONSOR'S HOME PHONE

b. DUTY

12. SPONSOR'S DUTY PHONE

13. SPONSOR'S MILITARY PERSONNEL CLASSIFICATION

a. OFFICER

b. WARRANT OFFICER

c. ENLISTED

14. FAMILY MEMBER'S NAME

15. SEX

16. FAMILY MEMBER'S DATE OF BIRTH
(Year/month/day)

17. FAMILY MEMBER'S ADDRESS

18. FAMILY MEMBER'S PREFIX (The first two digits preceding the sponsor's SSN on the medical card which identify family member's relationship to the sponsor, per AR 40-66, chapter 4)

19. RELATIONSHIP TO THE SPONSOR

PART C - MEDICAL PRACTITIONER

(Please fill out this form as completely and as accurately as possible. Utilize ICD-9-CM or DSM III, if possible. List additional diagnoses and problems in Section VIII.)

SECTION I - DIAGNOSES AND CARE FREQUENCY

20 CURRENT ACTIVE DIAGNOSES <i>a.</i>	SEVERITY (check one) <i>b.</i>			21. FREQUENCY OF CARE (insert appropriate letter in block 22 or 23)	
	MILD	MODERATE	SEVERE	<i>a.</i> NONE <i>b.</i> EVERY 6-12 MOS <i>c.</i> EVERY 3-4 MOS	<i>d.</i> MONTHLY <i>e.</i> WEEKLY
(1)				22. INPATIENT CARE	23. OUTPATIENT CARE
(2)					
(3)					
(4)					
(5)					

SECTION II - ARTIFICIAL OPENINGS/SHUNTS (X all that apply)

24. ☐ NONE ☐ GASTROSTOMY ☐ TRACHEOSTOMY ☐ VP SHUNT ☐ CYSTOSTOMY ☐ COLOSTOMY ☐ ILEOSTOMY

☐ OTHER (specify) _____

SECTION III - MEDICATIONS

(List all medications required by the patient on a routine basis including chemotherapy, radiation therapy, and blood products.)

25. ☐ NONE


SECTION IV - ARCHITECTURAL CONSIDERATIONS (X all that apply)

26. ☐ LIMITED STEPS ☐ COMPLETE WHEELCHAIR ACCESSIBILITY

SECTION V - CARE PROVIDERS (X the broadest appropriate specialization)

27.		NEEDED EVERY 6 MOS OR LESS a.	NEEDED EVERY 3-4 MOS b.	NEEDED ONCE A MONTH OR MORE c.
	ALLERGIST			
	AUDIOLOGIST			
	CARDIOLOGIST			
	CARDIOLOGIST, PEDIATRIC			
	DERMATOLOGIST			
	DEVELOPMENTAL PEDIATRICIAN			
	DIETARY/NUTRITION SPECIALIST			
	ENDOCRINOLOGIST			
	ENDOCRINOLOGIST, PEDIATRIC			
	FAMILY PRACTITIONER			
	GASTROENTEROLOGIST			
	GASTROENTEROLOGIST, PEDIATRIC			
	GENERAL MEDICAL OFFICER			
	GYNECOLOGIST			
	HEMODIALYSIS TEAM			
	HEMATOLOGIST/ONCOLOGIST			
	HEMATOLOGIST/ONCOLOGIST, PEDIATRIC			
	IMMUNOLOGIST			
	INTERNIST			
	NEPHROLOGIST			
	NEPHROLOGIST, PEDIATRIC			
	NEUROLOGIST			
	NEUROLOGIST, PEDIATRIC			
	NUCLEAR MEDICINE PHYSICIAN			
	OCCUPATIONAL THERAPIST			
	OCCUPATIONAL THERAPIST, PEDIATRIC			
	OPHTHALMOLOGIST			
	OPHTHALMOLOGIST, PEDIATRIC			
	ORTHODONTIST			
	OTORHINOLARYNGOLOGIST			
	PEDIATRICIAN			
	PEDODONTIST			
	PYSIATRIST			
	PHYSICAL THERAPIST			
	PHYSICAL THERAPIST, PEDIATRIC			
	PODIATRIST			
	PSYCHIATRIST			
	PSYCHIATRIST, CHILD			
	PSYCHOLOGIST			
	PSYCHOLOGIST, CHILD			
	RESPIRATORY THERAPIST			

SECTION V - CARE PROVIDERS (Continued) (X the broadest appropriate specialization)

27. (Continued)	NEEDED EVERY 6 MOS OR LESS a.	NEEDED EVERY 3-4 MOS b.	NEEDED ONCE A MONTH OR MORE c.
			
RHEUMATOLOGIST			
RHEUMATOLOGIST, PEDIATRIC			
SURGEON, CARDIOTHORACIC			
SURGEON, GENERAL			
SURGEON, NEURO.			
SURGEON, ORAL			
SURGEON, ORTHOPEDIC, ADULT			
SURGEON, ORTHOPEDIC, PEDIATRIC			
SURGEON, PLASTIC			
TRANSPLANT TEAM			
UROLOGIST			
OTHER (specify) _____			

SECTION VI - SERVICES REQUIRED (X all that apply)

28.

- | | |
|--|---|
| <input type="checkbox"/> COGNITIVE ENRICHMENT PROGRAM | <input type="checkbox"/> PROGRAM FOR VISUALLY IMPAIRED |
| <input type="checkbox"/> SOCIAL WORK SERVICES | <input type="checkbox"/> OCCUPATIONAL THERAPY |
| <input type="checkbox"/> COMMUNITY HEALTH NURSE SERVICES | <input type="checkbox"/> PROGRAM FOR ORAL MOTOR THERAPY |
| <input type="checkbox"/> APNEA MONITOR HOME PROGRAM | <input type="checkbox"/> PHYSICAL THERAPY |
| <input type="checkbox"/> SPEECH/LANGUAGE SERVICES | |
| a. <input type="checkbox"/> STANDARD THERAPY FOR SPEECH/LANGUAGE IMPAIRMENTS | |
| b. <input type="checkbox"/> FOR HEARING IMPAIRED (includes signing) | |
| c. <input type="checkbox"/> FOR TOTAL COMMUNICATION (include signing for hearing persons) | |
| d. <input type="checkbox"/> FOR AUGMENTATIVE SPEECH (uses communication devices) | |
| e. <input type="checkbox"/> FOR ALARYNGEAL SPEECH (rehabilitation after laryngeal surgery) | |
| f. <input type="checkbox"/> OTHER (specify) _____ | |

SECTION VII - ADAPTIVE EQUIPMENT NEEDS

29.

- | | |
|---|--|
| <input type="checkbox"/> NONE | |
| <input type="checkbox"/> AMBULATORY AIDS | <input type="checkbox"/> COMMUNICATION AIDS |
| <input type="checkbox"/> APNEA MONITOR | <input type="checkbox"/> HEARING AIDS/AUDITORY TRAINER |
| <input type="checkbox"/> ARTIFICIAL LIMBS | <input type="checkbox"/> HOME OXYGEN THERAPY |
| <input type="checkbox"/> AUGMENTATIVE SPEECH AIDS | <input type="checkbox"/> RESPIRATORY AIDS |
| <input type="checkbox"/> BRACES/SPLINTS | <input type="checkbox"/> WHEELCHAIR, MANUAL |
| <input type="checkbox"/> CARDIAC PACEMAKER | <input type="checkbox"/> WHEELCHAIR, ELECTRIC |
| | <input type="checkbox"/> OTHER (specify) _____ |

SECTION VIII - TREATMENT PLANNED

(Describe treatment or surgery planned or likely within the next three years, including approximate dates. List other problems or family circumstances that should be considered in the assignment of the sponsor.)

30.

31. REMARKS

32. SIGNATURE OF PATIENT OR SPONSOR

33. DATE SIGNED

34. TYPED OR PRINTED NAME OF MEDICAL PRACTITIONER COMPLETING THE FUNCTIONAL MEDICAL SUMMARY

35. PHONE NUMBER (include area code)

a. AUTOVON

36. ADDRESS OF MEDICAL PRACTITIONER (include ZIP code)

b. COMMERCIAL

37. SIGNATURE OF MEDICAL PRACTITIONER

38. DATE SIGNED

39. PHYSICIAN'S AUTHENTICATION (to be signed when a medical practitioner other than a physician completes the Functional Medical Summary)

40. TYPED OR PRINTED NAME OF PHYSICIAN

41. RANK OF PHYSICIAN (typed or printed)

42. GRADE OF PHYSICIAN (typed or printed)

43. TITLE OF PHYSICIAN

44. SIGNATURE OF PHYSICIAN

45. DATE SIGNED

EXCEPTIONAL FAMILY MEMBER PROGRAM INFORMATION SHEET

For use of this form, see AR 600-75; the proponent agency is DCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

(5 U.S.C. 552a)

AUTHORITY: PL 94-142 (*Education for All Handicapped Children Act of 1975*); PL 95-561 (*Defense Dependents' Education Act of 1978*); DODI 1342-12 (*Education of Handicapped Children in DODDS*), 17 December 1981; DODI 1010.13 (*Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DOD Dependents Schools Outside the United States*), 28 August 1986, 10 USC 3013; 20 USC 921-932 and 1401 et seq.

PRINCIPAL PURPOSE: To identify the special education and medical needs of dependent children of Department of the Army civilian employees processing for an assignment to a location outside the United States where dependent travel is authorized at Government expense.

ROUTINE USES: Information will be used by civilian personnel offices to determine the need for coordinating the availability of medically related services to meet the special needs of dependent children of Department of the Army civilian employees processing for an assignment to a location outside the United States where dependent travel is authorized at Government expense.

DISCLOSURE: The provision of requested information is mandatory. Failure to respond will preclude--
(1) Civilian personnel offices from performing required EFMP aspects of overseas processing of Department of the Army civilian employees with dependent children with special needs.
(2) Transportation of dependent children of Department of the Army civilian employees to duty assignments outside the United States at Government expense.

CONFIDENTIALITY: Information obtained will be maintained in strict confidence and provided only to those with an official need to know in identifying special needs and in processing personnel for assignments outside the United States.

PART A - GENERAL INFORMATION

ALL EMPLOYEES TAKING AN ASSIGNMENT IN A LOCATION OUTSIDE THE UNITED STATES WHERE DEPENDENT TRAVEL IS AUTHORIZED AT GOVERNMENT EXPENSE MUST COMPLETE THIS FORM. EMPLOYEES WHO DO NOT HAVE DEPENDENT CHILDREN MUST COMPLETE BLOCKS 1-7 AND SIGN THE APPROPRIATE CERTIFICATION STATEMENT BELOW.

1. SPONSOR'S NAME (<i>Last, first, MI</i>)	2. SPONSOR'S SSN
3. SPONSOR'S TITLE	4. SPONSOR'S GRADE
5. SPONSOR'S ADDRESS	6. SPONSOR'S HOME PHONE
a. HOME	
b. DUTY	7. SPONSOR'S DUTY PHONE

PART B - CHILDREN AUTHORIZED TRAVEL OUTSIDE THE UNITED STATES

8. NAME	9. RELATIONSHIP	10. DOB (YY/MM/DD)	11. SEX
a.			
b.			
c.			
d.			
e.			

12. PLEASE READ ALL OF THE FOLLOWING QUESTIONS VERY CAREFULLY AND SIGN THE APPROPRIATE CERTIFICATION STATEMENT IN k. BELOW.

a. DO ANY OF THE ABOVE CHILDREN HAVE A LONG TERM (*i.e., more than one year's duration*) PHYSICAL OR EMOTIONAL ILLNESS?

b. ARE ANY OF THE ABOVE CHILDREN BEING SEEN AT A HOSPITAL OR CLINIC REGULARLY? ("*Regularly*" means about every 2 months or more often and 4 or 5 times a year or more often)?

- c. WILL ANY OF THE ABOVE CHILDREN NEED TO BE SEEN AT A HOSPITAL OR CLINIC OUTSIDE THE UNITED STATES REGULARLY BASED ON THEIR PRESENT MEDICAL CONDITION?
- d. HAVE ANY OF THE ABOVE CHILDREN BEEN TOLD THEY SHOULD BE SEEN REGULARLY AT A HOSPITAL OR CLINIC BUT ARE NOT BEING SEEN?
- e. ARE ANY OF THE ABOVE CHILDREN ENROLLED IN A SPECIAL EDUCATION PROGRAM?
- f. DO ANY OF THE ABOVE CHILDREN HAVE A LEARNING DISABILITY?
- g. ARE ANY OF THE ABOVE CHILDREN BLIND, DEAF, OR HARD OF HEARING?
- h. DO ANY OF THE ABOVE CHILDREN HAVE A SPEECH PROBLEM THAT REQUIRES THE SERVICES OF A SPEECH THERAPIST?
- i. DO ANY OF THE ABOVE CHILDREN HAVE A PHYSICAL DISABILITY THAT COULD AFFECT THEIR LEARNING?
- j. DO ANY OF THE ABOVE CHILDREN REQUIRE PROFESSIONAL COUNSELING REGARDING PROBLEM BEHAVIOR, SUCH AS ABUSE OF ALCOHOL OR DRUGS, RUNNING AWAY, SKIPPING SCHOOL, OR OTHER DELINQUENT-TYPE ACTS?

k. SIGN ONE OF THE CERTIFICATIONS BELOW

(1) I CERTIFY THAT I DO NOT HAVE DEPENDENT CHILDREN.

(a) SIGNATURE OF SPONSOR

(b) DATE

(2) I CERTIFY THAT MY ANSWER TO EACH OF THE ABOVE QUESTIONS IS NO FOR EACH OF THE CHILDREN LISTED ABOVE.

(a) SIGNATURE OF SPONSOR

(b) DATE

(3) I CERTIFY THAT ONE OR MORE OF MY ANSWERS TO THE ABOVE QUESTIONS IS YES TO A CHILD LISTED ABOVE. (Circle (1), (2), or (3) below)

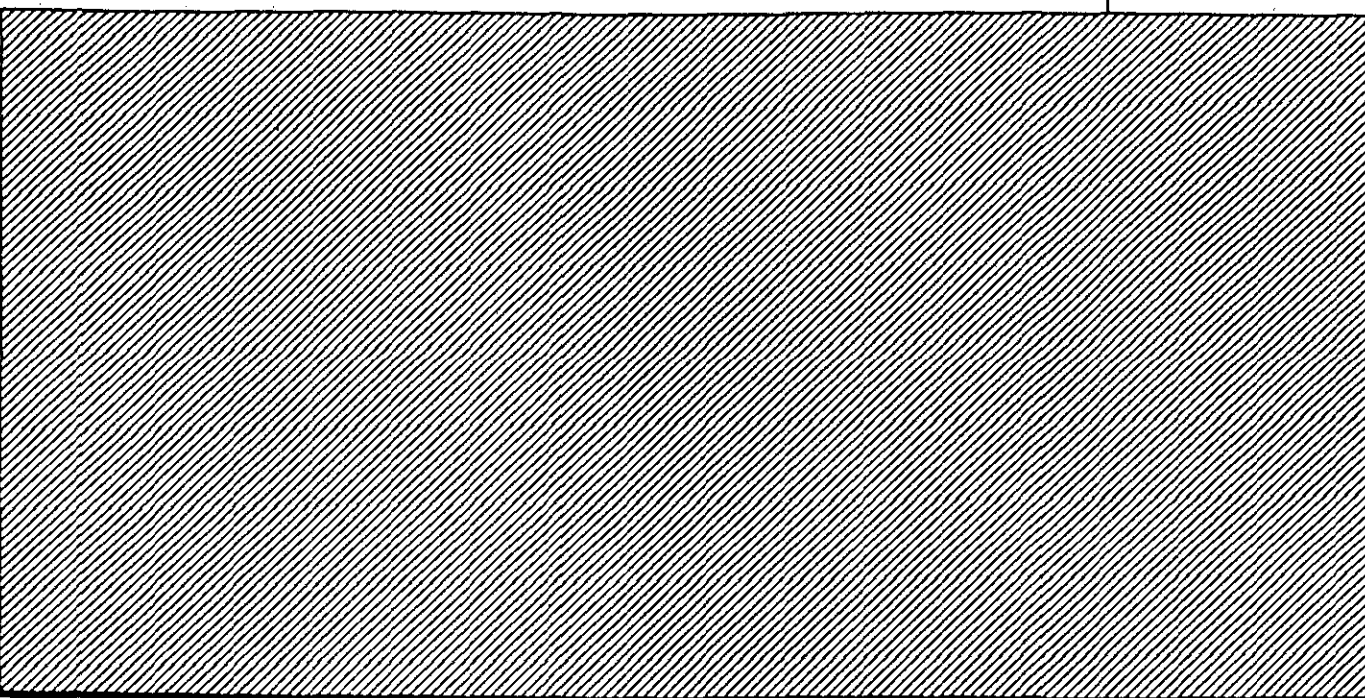
(1) I INTEND THAT THE CHILD OR CHILDREN WILL TRAVEL WITH ME CONCURRENTLY

(2) I INTEND THAT THE CHILD OR CHILDREN WILL TRAVEL ON A DELAYED BASIS

(3) I DO NOT INTEND THAT THE CHILD OR CHILDREN WILL TRAVEL TO MY NEW DUTY LOCATION OUTSIDE THE UNITED STATES. I UNDERSTAND THAT DA FORM 5862-R (ARMY EXCEPTIONAL FAMILY MEMBER PROGRAM FUNCTIONAL MEDICAL SUMMARY) AND DA FORM 5291-R MUST BE COMPLETED ON THE CHILD OR CHILDREN AND PROVIDED TO THE CIVILIAN PERSONNEL OFFICE SHOULD I, AT A LATER DATE, DECIDE TO HAVE THE CHILD OR CHILDREN JOIN ME AND THIS MUST BE ACCOMPLISHED PRIOR TO THEIR ARRIVAL AT THE LOCATION OUTSIDE THE UNITED STATES

(a) SIGNATURE OF SPONSOR

(b) DATE



EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) REPORT

For use of this form, see AR 600-75; the proponent agency is DCSPER.

REQUIREMENT CONTROL SYMBOL
CSGPA-1730**PART A - INSTALLATION/MACOM IDENTIFYING DATA**

1. INSTALLATION MAILING ADDRESS (Include ZIP Code)		2. NAME OF MACOM		3. REPORTING PERIOD (Month - Year) (Month - Year)	
4. NAME OF INSTALLATION EFMP COORDINATOR	5. GRADE OF INSTALLATION EFMP COORDINATOR	6. RANK OF INSTALLATION EFMP COORDINATOR	7. TELEPHONE NUMBER OF INSTALLATION EFMP COORDINATOR AUTOVON COMMERCIAL		
8. NAME OF DPCA (or equivalent)	9. GRADE OF DPCA (or equivalent)	10. RANK OF DPCA (or equivalent)	11. SIGNATURE OF DPCA (or equivalent)		
12. NAME OF MTF COMMANDER (or designee)		13. RANK OF MTF COMMANDER (or designee)	14. SIGNATURE OF MTF COMMANDER (or designee)		

PART B - FISCAL DATA**SECTION I - FUND ALLOCATION**

15. ARMY COMMUNITY SERVICE (ACS) DOLLARS OMA QACS MDEP NONAPPROPRIATED FUND ALLOCATION ON	16. ARMY MEDICAL DEPARTMENT (AMEDD) DOLLARS OMA MDEP HSHC OTHER (Specify) TOTAL APPROPRIATED FUND ALLOCATION
---	---

SECTION II - OPERATIONAL COSTS

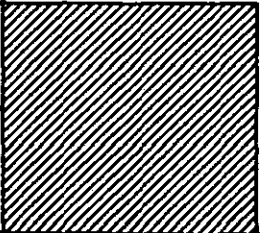
	ACS	AMEDD
17. MILITARY SALARIES AND BENEFITS		
18. CIVILIAN PERSONNEL SALARIES AND BENEFITS		
19. CONTRACTS		
20. SUPPLIES		
21. EQUIPMENT		
22. TDY TRAVEL AND/OR MISSION ESSENTIAL CONFERENCES		
23. MINOR CONSTRUCTION/MODIFICATION		
24. MAJOR CONSTRUCTION		
25. TOTAL OPERATIONAL COSTS		

PART C - PERSONNEL DATA

26a Position Title	b. Rank or Grade	c. MOS or GS	d. No. of Requirements	e. No. of Authorizations	f. Filled Authorizations	g. Filled Overhire	h. Filled Temporary

Position Title (Cont)	i. Filled Contract	j. Unfilled Recruiting	k. Unfilled Not Recruiting	27. INSTALLATION EFMP COORDINATOR
				(1) DOES THE INSTALLATION HAVE AN EFMP COORDINATOR WHOSE PRIMARY RESPONSIBILITY IS TO COORDINATE, IMPLEMENT, AND MONITOR THE INSTALLATION EFMP? Check appropriate response: <input type="checkbox"/> YES <input type="checkbox"/> NO
				(2) INDICATE THE PERCENTAGE OF THE EFMP COORDINATOR'S TIME THAT IS DEDICATED TO EFMP DUTIES _____

PART D - SERVICE DELIVERY (ACS)

28. SERVICES PROVIDED				
a. TOTAL NUMBER OF SINGLE CONTACTS _____	c. AWARENESS BRIEFINGS (1) COMMAND (a) NO. OF SESSIONS	(3) COMMUNITY (a) NO. OF SESSIONS	d. EDUCATION AND TRAINING (1) UNIT (a) NO. OF SESSIONS	(3) TOTAL (a) NO. OF SESSIONS
b. CASE MANAGEMENT AND COUNSELING (1) TOTAL CASES	(b) NO. OF PEOPLE	(b) NO. OF PEOPLE	(b) NO. OF PEOPLE	(b) NO. OF PEOPLE
(2) TOTAL INDIVIDUALS	(2) UNIT (a) NO. OF SESSIONS	(4) TOTAL (a) NO. OF SESSIONS	(2) COMMUNITY (a) NO. OF SESSIONS	
(3) TOTAL HOURS	(b) NO. OF PEOPLE	(b) NO. OF PEOPLE	(b) NO. OF PEOPLE	

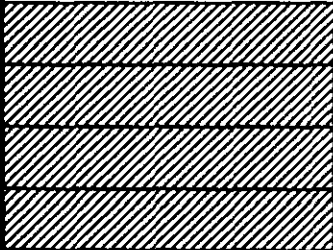
PART D - SERVICE DELIVERY (ACS) (Continued)

29

PROGRAM SUPPORT

a. RECREATIONAL PROGRAMS		b. CULTURAL PROGRAMS		c. PARENT SUPPORT GROUPS		d. RESPITE CARE		
NO. OF PROGRAMS	NO. OF PARTICIPANTS	NO. OF PROGRAMS	NO. OF PARTICIPANTS	NO. OF PROGRAMS	NO. OF PARTICIPANTS	(1) NO. OF ARMY CERTIFIED RESPITE CARE HOMES		
						ACS	CDS	TOTAL
						(2) NO. new respite homes certified		

PART E - SERVICE DELIVERY (AMEDD)

30. UNITED STATES					TOTAL NO. OF PATIENTS SERVED				TOTAL HOURS				
(1) SCREENING OF FAMILY MEMBERS													
(a) ROUTINE HEALTH CARE													
(b) REFERRAL FROM PSC DURING INPROCESSING													
(2) COMPLETION OF FUNCTIONAL MEDICAL SUMMARIES													
(3) EVALUATIONS FOR DIAGNOSIS AND CODING													
(4) CODING													
(5) EDUCATION/TRAINING PROVIDED TO HEALTH AND EDUCATIONAL PROFESSIONALS													
(6) INDIVIDUALIZED EDUCATION PROGRAM (IEP) STAFFINGS													
(7) ASSISTANCE VISITS TO MEDICAL DEPARTMENT ACTIVITIES (Medical center teams only)													
(8) ADMINISTRATIVE TIME NOT CALCULATED IN PATIENT VISITS													
31. OUTSIDE OF THE UNITED STATES					TOTAL NO. OF VISITS				TOTAL NO. OF PATIENTS SERVED				TOTAL HOURS
(1) SCREENING OF FAMILY MEMBERS					ARMY	NAVY	AIR FORCE	OTHER	ARMY	NAVY	AIR FORCE	OTHER	
(a) ROUTINE HEALTH CARE													
(b) REFERRAL FROM PSC DURING INPROCESSING													
(2) COMPLETION OF FUNCTIONAL MEDICAL SUMMARIES													
(3) EVALUATIONS FOR DIAGNOSIS AND CODING													

PART E - SERVICE DELIVERY (AMEDD)

31. OUTSIDE OF THE UNITED STATES (Continued)	TOTAL NO OF VISITS				TOTAL NO OF PATIENTS SERVED				TOTAL HOURS
	ARMY	NAVY	AIR FORCE	OTHER	ARMY	NAVY	AIR FORCE	OTHER	
(4) EVALUATIONS FOR IEPs									
(5) COOKING									
(6) TREATMENT									
(7) EDUCATION/TRAINING PROVIDED TO HEALTH AND EDUCATIONAL PROFESSIONALS									
(8) IEP STAFFINGS									
(9) EDUCATIONAL/MEDICAL CONSULTATIONS (Teachers and parents)									
(10) ADMINISTRATIVE TIME NOT CALCULATED IN PATIENT VISITS									
	TOTAL NO OF REPORTS				NO OF CHILDREN ENROLLED IN EFMP PRIOR TO ASSIGNMENT		NO OF CHILDREN NOT ENROLLED IN EFMP		
32. REPORTS OF UNAVAILABILITY OF MEDICALLY RELATED SERVICES									

PART F - SERVICE DELIVERY (HOUSING)

	TOTAL NUMBER
33. EFMP REQUESTS SUBMITTED FOR EXCEPTION TO HOUSING ASSIGNMENT POLICY	
34. EFMP REQUESTS APPROVED FOR EXCEPTION TO HOUSING ASSIGNMENT POLICY	
35. HOUSING UNITS SPECIFICALLY MODIFIED FOR EXCEPTIONAL FAMILY MEMBERS	
(a) AVERAGE COST OF MODIFICATION PER UNIT _____ (Dollars)	
(b) AVERAGE TIME REQUIRED TO COMPLETE MODIFICATION _____ (Days)	

PART G - SERVICE DELIVERY (CPO)

	TOTAL NUMBER
36. CIVILIAN EMPLOYEES PROCESSED FOR AN ASSIGNMENT OUTSIDE THE UNITED STATES	
37. CIVILIAN EMPLOYEES IDENTIFIED AS HAVING A DEPENDENT CHILD WITH SPECIAL EDUCATION AND MEDICALLY RELATED SERVICE NEEDS OUTSIDE THE UNITED STATES	

PART H - PROGRAM SYNOPSIS

38. PROGRESS

39. PROBLEM AREAS

40. PROJECTED CHANGES



PENTAGON LIBRARY



0001058123